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ABSTRACT

This report presents nationwide data on the well-being of America's children. The statistical report is based on indicators of child well-being such as family income and mortality rates. The first part of the report, "Population and Family Characteristics," presents data that illustrate the changes that have taken place during the past few decades in six key demographic measures, including children as a proportion of the U.S. population, family structure, and difficulty speaking English. The second part of the report, "Indicators of Children's Well-Being," presents data on 26 key indicators in the following areas: (1) Economic Security, including family income, secure parental employment, housing, and access to health care; (2) Health, including activity limitation, infant and child mortality rates, and immunization rates; (3) Behavior and Social Environment, including substance abuse, and youth victims and perpetrators of serious violent crimes; (4) Education, including family reading to young children, and youth neither enrolled in school nor working; and (5) Special Features, which covers children who have difficulty performing everyday activities. For each background measure in the report's first section and for each indicator in the second section, three types of information are presented: a short statement about why the measure or indicator is important to understanding the condition of children, figures showing important facts about trends or population groups for each indicator, and highlights with information on

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current status, recent trends, and important differences by population groups noted. Two appendices contain detailed tables of data and data source descriptions. Among the findings, the report notes that the percentage of children living with two parents has remained stable since 1996, but there are large differences across racial and ethnic groups. Although the poverty rate of children has remained about the same since 1980, shifts in the proportion of children living in families with high income and those living in extreme poverty reflect a growing income disparity among children. While the mortality rate for almost all groups of children continues to fall, it has fallen most dramatically among black children, ages 1 to 4; this rate, however, remains almost twice the rate for whites. The number of youth who were victims of violent crime has declined since 1993, as have the number of juveniles as perpetrators of violent crimes. Preschool enrollment has increased among black, non-Hispanic children, and among children living in poverty. (HTH)

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America's Children: Key National Indicators of Well-Being

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Forum on Child and Family Statistics

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America's Children: Key National Indicators of Well-Being

Federal Interagency Forum on Child and Family Statistics

The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established it in April 1997, to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Members of the Forum as of Spring 1999 are listed below.

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Chief Statistician

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Foreword

America's Children: Key National Indicators of Well-Being, 1999 is the third report in an annual series prepared by the Federal Interagency Forum on Child and Family Statistics. A collaborative effort by 18 Federal agencies, the report is required by President Clinton's Executive Order No. 13045. As in past years, readers will find here an accessible compendium—drawn from the most recent, most reliable official statistics—to both the promises and the difficulties confronting our Nation's young people.

This report updates the information presented last year, maintaining comparability with previous volumes while incorporating several improvements: the racial/ethnic categories have been made more consistent across indicators; additional detail has been added to the population and family characteristic, Births to Unmarried Women; the Food Security indicator has been expanded to include a measure of the nutritional quality of children's diets; and Children Who Have Difficulty Performing Everyday Activities has been included as a new special feature. This relatively simple update in 1999 reflects a decision to concentrate the Forum's resources on consideration of a more substantial revision in 2000.

By regularly displaying what the Government knows and what it does not know, *America's Children* challenges Federal statistical agencies to do better. Forum agencies are meeting that challenge. They are undertaking an array of efforts to provide more comprehensive and consistent information on the condition and progress of the Nation's children. For example, in 1998 the Forum's Data Collection Committee published the report *Nurturing Fatherhood*, and Forum agencies continued to improve the collection of data on children's family structures and on the role of fathers in children's lives.

The Forum agencies should be congratulated for collaborating to address their common goals: developing a truly comprehensive set of indicators on the well-being of America's children, and ensuring that this information is readily accessible in both content and format. Their accomplishments reflect the dedication of the Forum agency staff members who coordinate data needs, evaluate strategies to make data presentations more consistent, and work together to produce important publications and provide these products on the Forum's website: *http://childstats.gov*. As we approach the new millennium, we invite you, the reader, to suggest ways we can enhance this annual portrait of the Nation's most valuable resource—its children. I applaud the Forum's collaborative efforts in producing this third annual report. I hope that our compendium will continue to be useful in your work.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment and involvement of the members of the Federal Interagency Forum on Child and Family Statistics. It was prepared by the Writing Subcommittee of the Reporting Committee of the Forum. This year, responsibility for chairing the committee was shared by Ken Bryson, Bureau of the Census; Katherine Heck, National Center for Health Statistics; David Johnson, Bureau of Labor Statistics; and Laura Lippman, National Center for Education Statistics. Other committee members included: Dawn Aldridge, Food and Nutrition Service; Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention; and Kathleen Etz, National Institute on Drug Abuse.

The Reporting Committee of the Forum, chaired by Laura Lippman, guided the development of the new indicators, and the Disability Subcommittee developed this year's special feature. Members of the Reporting Committee not represented on the Writing Committee included: Robert Kominski, Bureau of the Census; Linda Gordon, Immigration and Naturalization Service; Michele Kiely, Maternal and Child Health Bureau; John Kiely, Laura Montgomery, Gloria Simpson, and Barbara Foley Wilson, National Center for Health Statistics; Jeff Evans, National Institute on Child Health and Human Development; Matt Stagner, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services; Woodie Kessel, Office of Disease Prevention & Health Promotion; Nancy Kirkendall, Office of Management and Budget; and Kathy Nelson, U.S. Department of Housing and Urban Development. Members of the Disability Subcommittee included: Don Lollar (Co-Chair), National Center for Environmental Health; Louis Quatrano (Co-Chair), National Center for Medical Rehabilitation Research; Jack McNeil, Bureau of the Census; Judith Holt, Early Childhood Team/Research and Practice Division; Gavin Kennedy, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services; Arnold Goldstein, National Center for Education Statistics; Gloria Simpson, National Center for Health Statistics; and Robert Ficke, Westat.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include: Robert Bennefield, Caroline Carbaugh, Joseph Dalaker, Kirk Davis, Rick Denby, Stephen Heacock, Mary Naifeh, Colby Perkins, and Bernadette Proctor, Bureau of the Census; Michael Rand, Bureau of Justice Statistics; Robert McIntire and Howard Hayghe, Bureau of Labor Statistics; Monina Klevens, Centers for Disease Control and Prevention; Mark Lino and Peter Basiotis, Center for Nutrition Policy and Promotion; Gary Bickel, Food and Nutrition Service; Mary Frase, National Center for Education Statistics; Robin Cohen, Lois Fingerhut, Donna Hovert, and Stephanie Ventura, National Center for Health Statistics.

Other individuals who assisted with the report included Steve Agbavani and Yupin Bae, Pinkerton Computer Consultants, Inc.

The Education Statistics Services Institute, in support of the National Center for Education Statistics, assisted the committee in producing the report. Alexandra Tan coordinated and managed the production of the report and contributed substantively to the report. Janelle Harvey, Erin Massie, Joanna Wertheimer and Mark White produced and updated the report's tables, figures and text, provided research support, and assisted the committee. Anne Taulane also provided research support.

The following additional staff members made valuable contributions in their reviews of the report: Helen Howerton, Administration for Children and Families; Denise Dougherty, Agency for Health Care Policy and Research; Larry Beasley and Martin O'Connell, Bureau of the Census; Deborah Klein, Bureau of Labor Statistics; Steven Carlson, Food and Nutrition Service; Martin Orland and Tom Snyder, National Center for Education Statistics; Jennifer Madans, National Center for Health Statistics; Bill Huleatt, Office of Family Policy, Department of Defense; and Richard Bavier, Office of Management and Budget.

Keith Tidman, American Institutes for Research, edited the final version of the report. Design contributions came from Jennifer Thompson of the Education Statistics Services Institute, who designed the cover and laid out the text. The logo was developed by John Jeter of the National Center for Health Statistics. Bob LeGrand, Office of Educational Research and Improvement, coordinated the printing of the report. Finally, the National Maternal and Child Health Clearinghouse distributed the report for the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 1999 is the third annual report to the Nation on the condition of our most precious resource, our children. Included are six contextual measures that describe the changing population and family context in which children are living, and 23 indicators of well-being in the areas of economic security, health, behavior and social environment, and education. This year, a special feature is presented on Children Who Have Difficulty Performing Everyday Activities.

Part I: Population and Family Characteristics

- America's children continue to grow in racial and ethnic diversity. In 1998, 65 percent were white, non-Hispanic; 15 percent were black, non-Hispanic; 15 percent were Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native. Hispanic children slightly outnumber black, non-Hispanic children.
- The percentage of children living with two parents declined from 77 percent in 1980 to 68 percent in 1996, and has remained stable since then. There are large differences across racial and ethnic groups, however. In 1998, 76 percent of white, non-Hispanic children lived with two parents, compared to 36 percent of black children and 64 percent of Hispanic children.
- The percentage of births that are to unmarried women stabilized since 1994 at about 32 percent, after rising sharply from 18 percent in 1980.

Part II: Indicators of Children's Well-Being

Economic Security Indicators

- The poverty rate of children was at 19 percent in 1997, about the same as it has been since 1980. The proportion of children living in families with high income increased from 17 percent in 1980 to 25 percent in 1997, while the proportion of children living in extreme poverty grew slightly from 7 to 8 percent over the same period. These shifts reflect a growing income disparity among children.
- The percentage of children living with their parents who had at least one parent working full time all year increased 5 percentage points to 76 percent from 1993 to 1997. A large share of this increase was due to the increase in the percentage of children living with employed single mothers, which increased from 33 percent in 1993 to 41 percent in 1997.
- Most American children and adolescents had a diet that was poor or needed improvement in 1996. As children get older, the quality of their diet declines: 24 percent of 2- to 5-year-olds had a good diet, compared with only 6 percent of teenagers ages 13 to 18.
- Teenagers are also less likely than younger children to have a usual source of medical care. In 1996, 8 percent of all adolescents ages 12 to 17 lacked a usual source of care. Over 27 percent of uninsured adolescents in this age group lacked a usual source of care.

Health Indicators

- The percentage of infants born with low birthweight (weighing less than about 5 1/2 pounds) continues to rise. In 1997, this percentage was the highest in over 20 years, at 7.5 percent. The increase in low birthweight is partly due to the rising number of twin and other multiple births.
- The percentage of children in families living in poverty who have received the combined series of vaccines has increased between 1996 and 1997, from 69 to 71 percent.
- While the mortality rate for almost all groups of children continues to fall, it has fallen most dramatically among black children ages 1 to 4, from 67.6 per 100,000 in 1996 to 59.2 in 1997, according to preliminary data. This rate, however, remains almost twice the rate for whites, at 31.5 per 100,000 according to 1997 preliminary data.
- Death rates among adolescents, particularly among black males, have dropped dramatically after rising rapidly during the early 1990s. In 1996, the adolescent firearm mortality rate was at the lowest point since 1989 for both blacks and whites. The rate among black males dropped from 120.3 per 100,000 in 1995 to 108.7 in 1996, and the rate among white males dropped from 27.9 per 100,000 in 1995 to 23.1 in 1996.
- The birth rate for teenagers ages 15 to 17 dropped from 1991 to 1997, after rising during the late 1980s. In 1997, the rate was 32.1 live births per 1,000 females ages 15 to 17, down from 38.7 in 1991.

Behavior and Social Environment Indicators

- The percentage of 10th- and 12th-grade students who reported smoking daily dropped in 1998 after generally increasing since 1992. Among 10th-graders, the percentage dropped from 18 percent in 1997 to 16 percent in 1998, and among 12th-graders it dropped from its recent high of 25 percent in 1997 to 22 percent in 1998. This rate is still high compared to previous years, however.
- Youth ages 12 to 17 were victims of serious violent crime at the rate of 27 crimes per 1,000 in 1997, down from 44 per 1,000 in 1993. Juveniles were identified as perpetrators of serious violent crimes at the rate of 31 crimes per 1,000 in 1997, down from 52 per 1,000 in 1993.

Education Indicators

- A higher percentage of children were enrolled in preschool in 1997 than in 1996—48 percent compared to 45 percent. Preschool enrollment particularly increased among black, non-Hispanic children, from 45 to 55 percent, and among children living in poverty, from 34 to 40 percent.
- In 1998, about 8 percent of the Nation's 16- to 19-year-olds were neither enrolled in school nor working, a significant decrease from 9 percent in 1997.

Special Feature

- About 12 percent of children ages 5 to 17 have difficulty performing one or more everyday activities, including learning, communication, mobility, and self-care. Difficulty with learning is the most common of these four types of limitations. Children in families with lower socioeconomic status are at greater risk than other children of having difficulty performing everyday activities.

Summary List of Indicators

Indicator Name	Description of Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change Between Years
Economic Security				
Child poverty and family income	Percentage of related children under age 18 in poverty	20 (1996)	19 (1997)	NS
Secure parental employment	Percentage of children under age 18 living with parents with at least one parent employed full-time all year	75 (1996)	76 (1997)	NS
Housing problems	Percentage of households with children under age 18 that report any of three housing problems	36 (1995)	—	—
Food security	Percentage of children under age 18 in households experiencing food insecurity with moderate or severe hunger	6 (1996)	4 (1997)	▼
	Percentage of children ages 2 to 5 with a good diet	27 (1995)	24 (1996)	NS
Access to health care	Percentage of children under age 18 covered by health insurance	85 (1996)	85 (1997)	NS
	Percentage of children under age 18 with no usual source of health care	6 (1995)	6 (1996)	NS
Health				
General health status	Percentage of children under age 18 in very good or excellent health	81 (1995)	81 (1996)	NS
Activity limitation	Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions	7 (1995)	8 (1996)	NS
Low birthweight	Percentage of infants weighing less than 5.5 pounds at birth	7.4 (1996)	7.5 (1997)	▲
Infant mortality	Deaths before the first birthday per 1,000 live births	7.3 (1996)	7.1 (1997)	▼
Childhood immunizations	Percentage of children ages 19 to 35 months who received combined series immunization coverage	77 (1996)	76 (1997)	NS
Child mortality	Deaths per 100,000 children ages 1 to 4	38 (1996)	36 (1997)	▼
	Deaths per 100,000 children ages 5 to 14	22 (1996)	21 (1997)	▼
Adolescent mortality	Deaths per 100,000 adolescents ages 15 to 19	84 (1995)	79 (1996)	▼
Adolescent births	Births per 1,000 females ages 15 to 17	34 (1996)	32 (1997)	▼
Behavioral and Social Environment				
Regular cigarette smoking	Percentage of 8th-grade students who reported smoking daily in the previous 30 days	9 (1997)	9 (1998)	NS
	Percentage of 10th-grade students who reported smoking daily in the previous 30 days	18 (1997)	16 (1998)	▼
	Percentage of 12th-grade students who reported smoking daily in the previous 30 days	25 (1997)	22 (1998)	▼

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

Indicator Name	Description of Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change Between Years
Alcohol use	Percentage of 8th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	15 (1997)	14 (1998)	NS
	Percentage of 10th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	25 (1997)	24 (1998)	NS
	Percentage of 12th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	31 (1997)	32 (1998)	NS
Illicit drug use	Percentage of 8th-grade students who have used illicit drugs in the previous 30 days	13 (1997)	12 (1998)	NS
	Percentage of 10th-grade students who have used illicit drugs in the previous 30 days	23 (1997)	22 (1998)	NS
	Percentage of 12th-grade students who have used illicit drugs in the previous 30 days	26 (1997)	26 (1998)	NS
Youth victims and perpetrators of serious violent crimes	Rate of serious violent crime victimizations per 1,000 youth ages 12 to 17	30 (1996)	27 (1997)	NS
	Serious violent crime offending rate per 1,000 youth ages 12 to 17	36 (1996)	31 (1997)	▼
Education				
Family reading to young children	Percentage of children ages 3 to 5 who are read to every day by a family member	57 (1996)	—	—
Early childhood education	Percentage of children ages 3 to 4 who are enrolled in preschool	45 (1996)	48 (1997)	▲
Mathematics and reading achievement (0-500 scale)	Average mathematics scale score of 9-year-olds	231 (1996)	—	—
	Average mathematics scale score of 13-year-olds	274 (1996)	—	—
	Average mathematics scale score of 17-year-olds	307 (1996)	—	—
	Average reading scale score of 9-year-olds	212 (1996)	—	—
	Average reading scale score of 13-year-olds	259 (1996)	—	—
	Average reading scale score of 17-year-olds	287 (1996)	—	—
High school completion	Percentage of young adults ages 18 to 24 who have completed high school	86 (1996)	86 (1997)	NS
Youth neither enrolled in school nor working	Percentage of youth ages 16 to 19 who are neither in school nor working	9 (1997)	8 (1998)	▼
Higher education	Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher	32 (1997)	31 (1998)	NS
Special Feature				
Difficulty performing everyday activities	Percentage of children ages 5 to 17 who have difficulty performing at least one of four everyday activities	—	12.3 (1994)	—

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

About This Report

America's Children: Key National Indicators of Well-Being, 1999, developed by the Federal Interagency Forum on Child and Family Statistics, represents the third annual synthesis of information on the status of the Nation's most valuable resource, our children. This report presents 23 key indicators of the well-being of children. These indicators are monitored through official Federal statistics covering children's economic security, health, behavior and social environment, and education. The report also presents data on six key demographic measures and includes as a special feature the indicator, Children Who Have Difficulty Performing Everyday Activities. In this year's report, the 18 agencies of the Forum have introduced improvements in the measurement of several of the indicators presented last year, and have developed some new indicators.

What is the purpose of this report?

This report provides the Nation with a broad annual summary of national indicators of child well-being and monitors changes in these indicators over time. The Forum hopes that this report also will stimulate discussions by policy-makers and the public, exchanges between the data and policy communities, and improvements in Federal data on children and families.

What is the Federal Interagency Forum on Child and Family Statistics?

The Forum is a formal structure for collaboration among 18 Federal agencies that produce or use statistical data on children and families. The members of the Forum are listed on the back of the cover page. Building on earlier cooperative activities, the Forum was founded in 1994. It was formally established by Executive Order No. 13045 in 1997 to foster the coordination and integration of the collection and reporting of data on children and families. The two major publications produced by the Forum are *America's Children: Key National Indicators of Well-Being* (produced annually since 1997) and *Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood*. In addition, the Forum undertakes the following activities:

- Developing priorities for improving consistency and enhancing the collection of data on children, youth, and families;
- Improving the reporting and dissemination of information on the status of children and families to the policy community and the general public; and
- Encouraging the production and dissemination of better data on children and families at the State and local levels.

How is the report structured?

America's Children: Key National Indicators of Well-Being, 1999 is intended to present information and data on the well-being of children in a non-technical, user-friendly format. It is designed to complement other more technical or comprehensive reports produced by the Forum agencies. The report is divided into two parts.

The first part of the report, *Population and Family Characteristics*, presents data that illustrate the changes that have taken place during the past few decades in six key demographic measures. These background measures provide an important context for understanding the key indicators and the child population. They also provide basic information about children in the United States, as well as the socio-demographic changes that are occurring in the child population. These data series answer questions such as: How many children are there in the United States? What proportion of the population are children? How racially diverse are our children? How many have difficulty speaking English? What types of families do they live in?

The second part, *Indicators of Children's Well-Being*, contains data on key *indicators*, or measures, of how well we are doing in providing economic security, educational opportunity, and a healthy and safe environment for children to play, learn, and grow. Unlike the data presented in Part I of the report, which simply describe the changing context in which children live, the data series in Part II offer insight into how well children are faring by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

The economic security indicators document poverty and income among children and the accessibility of basic necessities such as food, housing, and health care. The health indicators document the physical health and well-being of children by presenting information on their general health status, immunization coverage, and their likelihood, at various ages, to die. The behavioral and social environment indicators take a look at how many of our youth are engaging in illegal, dangerous, or high-risk behaviors such as smoking, drinking alcohol, using illicit drugs, or engaging in serious violent crimes. Finally, the education indicators examine how well we

are succeeding in educating our children. They include measures that capture preschoolers' exposure to reading and early education, measures of student achievement, and indicators of how many young adults complete high school and college.

For each background measure in *Part I: Population and Family Characteristics*, and each indicator in *Part II: Indicators of Children's Well-Being*, three types of information are presented:

- A *short statement* about why the measure or indicator is important to the understanding of the condition of children;
- *Figures* showing important facts about trends or population groups; and
- *Highlights* with information on the current status, recent trends, and important differences by population groups noted.

In addition, *Appendix A: Detailed Tables* contains tabulated data for each measure and additional detail not discussed in the main body of the report. *Appendix B: Data Source Descriptions* contains descriptions of the sources and surveys used to generate the indicators.

Why is one indicator called a special feature?

At the end of Part II, *America's Children: Key National Indicators of Well-Being, 1999* presents data on a "special feature." The special feature presents data that are not available with sufficient frequency to be considered as a regular key indicator, but nevertheless provide information on an important measure of child well-being. This year's special feature is Children Who Have Difficulty Performing Everyday Activities.

How has the report changed since last year?

America's Children: Key National Indicators of Well-Being, 1999 is similar to last year's report in both format and content. While most of the indicators presented last year are included and updated, the Forum has worked to improve the report in a number of important ways. Some changes reflect the effort to make racial categories more consistent. Some of the changes reflect improvements in the availability of data for certain key indicators. Some changes clarify the concept being measured or expand the indicator substantively. All the changes reflect the many helpful comments and suggestions for improvements that were received from readers and users of the previous reports.

How were the key indicators selected?

America's Children: Key National Indicators of Well-Being, 1999 presents a selected set of key indicators that measure critical aspects of children's lives and are collected rigorously and regularly by Federal agencies. The Forum chose these indicators through careful examination of available data. In determining this list of key indicators, the Forum sought input from the Federal policy-making community, foundations, academic researchers, and state and local children's service providers. These indicators were chosen because they are:

- *Easy to understand* by broad audiences;
- *Objectively based* on substantial research connecting them to child well-being and based on reliable data;
- *Balanced* so that no single area of children's lives dominates the report;
- *Measured regularly* so that they can be updated and show trends over time; and
- *Representative* of large segments of the population, rather than one particular group.

What groups of children are included in this report?

In order to convey a comprehensive understanding of child well-being, the report looks at the status of all children under age 18 living in the United States. In most cases throughout the report, the word "children" refers to any person under age 18 living in a civilian or non-institutionalized setting in the United States. When data are being presented only for specific age groups, this is indicated in the text (e.g., children ages 1-4). As is also noted in the text, some indicators examine only particular groups of children (e.g., children living in family settings, children living with parents, children in certain age groups or grade levels). For most of the indicators, the relevant information has been reported by an adult in the household or family and not directly by the children.

In many cases we have also presented the data on children by race and Hispanic origin. In most cases, Hispanics have been separated out from the white and black categories and "non-Hispanic" will follow the race designation, as in "white, non-Hispanic." In cases where data are not available on Hispanic origin, estimates presented for particular races (white, black, American Indian/Alaska Native, Asian/Pacific Islander) include Hispanics of those races even when a separate estimate is given for Hispanics.

What are the sources for the data in this report?

Data for the key indicators are drawn primarily from national surveys and from vital records. Federal agencies regularly survey the population on many issues. These national surveys use interviewers to gather information on children through a variety of methods including speaking directly, by telephone or in person, with families selected through rigorous sampling methods. Federal agencies also collect information on births and deaths from State health departments. These nationally representative surveys, along with data collected through vital statistics, provide the best available measures of the condition of children. Although there are important areas of children's lives where administrative data from local social service agencies often are available, such measures were not included in this report. The availability and quality of such data can be affected by policy differences among agencies in various local areas and by resource constraints.

In the textual presentation of data for this report, percents and rates were, as a rule, rounded to the nearest whole number (unless the data are from vital statistics or rounding would mask significant differences). The text discusses cross-time or between-group differences when the differences are statistically significant.

What other data are needed?

America's Children: Key National Indicators of Well-Being, 1999 points to critical gaps in the coverage and timeliness of the Nation's information on children and youth. It challenges the Nation as a whole—and the Federal statistical agencies in particular—to improve the monitoring of important areas of children's lives. It also challenges Federal agencies to improve the timeliness with which information on children is made available to policy-makers and the public.

At the end of *Part I: Population and Family Characteristics* and at the end of each section in *Part II: Indicators of Children's Well-Being*, the report presents a description of data and measures of child well-being in need of development. These lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as children's living arrangements, homelessness, long-term poverty, mental health, disability, neighborhood environment, and early childhood development. In some of these areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating some new measures but they are not yet available on a regular basis for monitoring purposes.

Where can I get more information about the indicators?

There are several good places to obtain additional information on each of the indicators found in this report. First, for many of the indicators, *Appendix A: Detailed Tables* contains additional detail not discussed in the main body of the report. For example, some tables show additional breakouts by gender, race, and Hispanic origin or another category. Second, *Appendix B: Data Source Descriptions* contains information and descriptions of the sources and surveys used to generate the indicators as well as information on how to contact the agency responsible for collecting the data or administering the relevant survey. Third, numerous publications of the Federal statistical agencies provide additional detail on each of the key indicators included in this report, as well as on scores of other indicators. These reports include *Trends in the Well-Being of America's Children and Youth*, published annually by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services (HHS), *Youth Indicators*, published biennially by the National Center for Education Statistics, and *Health, United States*, published annually by the National Center for Health Statistics, Centers for Disease Control and Prevention. Often these compendia contain additional details not reported in *America's Children*. *Appendix B: Data Source Descriptions* also contains a list of agency contacts who can provide further information on the relevant surveys and indicators.

Can I find this report on the Internet?

The report can be found on the World Wide Web at **http://childstats.gov**. The web site version of the report contains data for years before 1990 that are presented in the figures but not in the tables in this report. The Forum's web site also contains information on the overall structure and organization of the Forum, as well as other reports, and news on current activities. Also found on the web site are links to related reports of Forum agencies and other organizations providing more detailed data. The web site addresses of the Forum agencies are as follows:

Department of Agriculture
Food and Nutrition Service:
http://www.fns.usda.gov
Department of Commerce
Bureau of the Census:
http://www.census.gov

Department of Defense

Office of Deputy Assistant Secretary of Defense (Personnel Support, Families and Education):
http://dticaw.dtic.mil/prhome/das_psfe.html

Department of Education

National Center for Education Statistics:
http://www.nces.ed.gov

Department of Health and Human Services

Administration for Children and Families:
http://www.acf.dhhs.gov

Agency for Health Care Policy and Research:
http://www.ahcpr.gov

Maternal and Child Health Bureau:
http://www.mchb.hrsa.gov

National Center for Health Statistics:
http://www.cdc.gov/nchswww

National Institute of Child Health and Human Development:
http://www.nih.gov/nichd

Office of the Assistant Secretary for Planning and Evaluation:
http://aspe.os.dhhs.gov

Department of Housing and Urban Development

Office of Policy Development and Research:
http://www.huduser.org

Department of Justice

Bureau of Justice Statistics:
http://www.ojp.usdoj.gov/bjs

National Institute of Justice:
http://www.ojp.usdoj.gov/nij

Office of Juvenile Justice and Delinquency Prevention:
http://www.ojjdp.ncjrs.org

Department of Labor

Bureau of Labor Statistics:
http://www.bls.gov

Women's Bureau:
http://www.dol.gov/dol/wb

National Science Foundation

Science Resources Studies Division:
http://www.nsf.gov/sbe/srs

Office of Management and Budget

Statistical Policy Office:
http://www.whitehouse.gov/WH/EOP/OMB/html/ombhome.html

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PART I

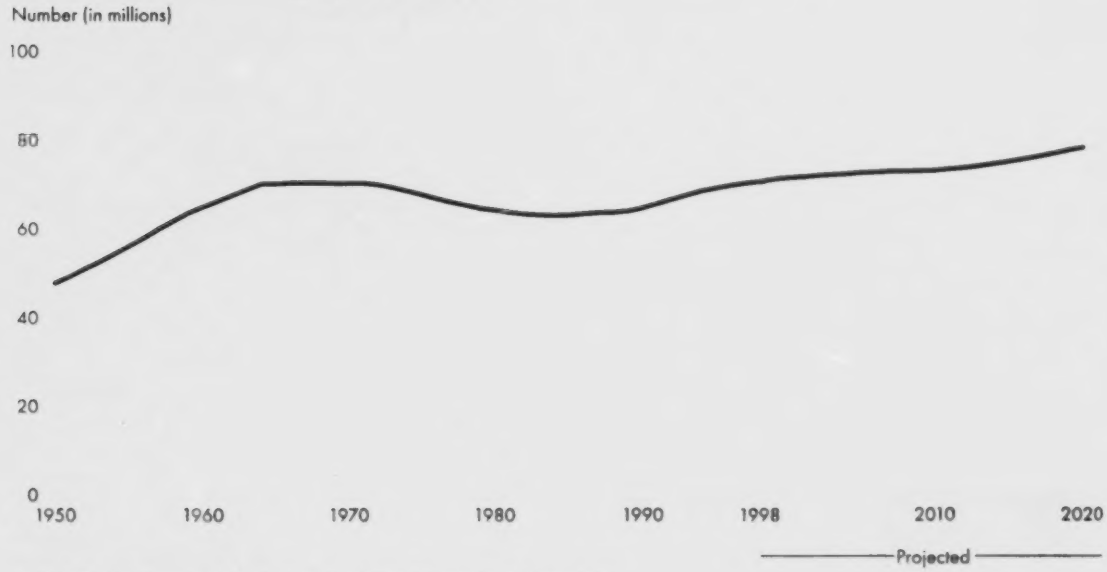
Population and Family Characteristics

Part I: *Population and Family Characteristics* presents data that illustrate the changes in the population and family context in which America's children are being raised. Six key demographic measures present data on trends in the size and composition of the child population and trends in the composition of their families. The background measures provide an important context for understanding the key indicators of well-being presented in Part II.

Number of Children in the United States

The number of children determines the demand for schools, health care, and other services and facilities that serve children and their families.

Figure POP1 **Number of children under age 18 in the United States, 1950-98 and projected 1999-2020**



SOURCE: U.S. Bureau of the Census, Population Estimates and Projections.

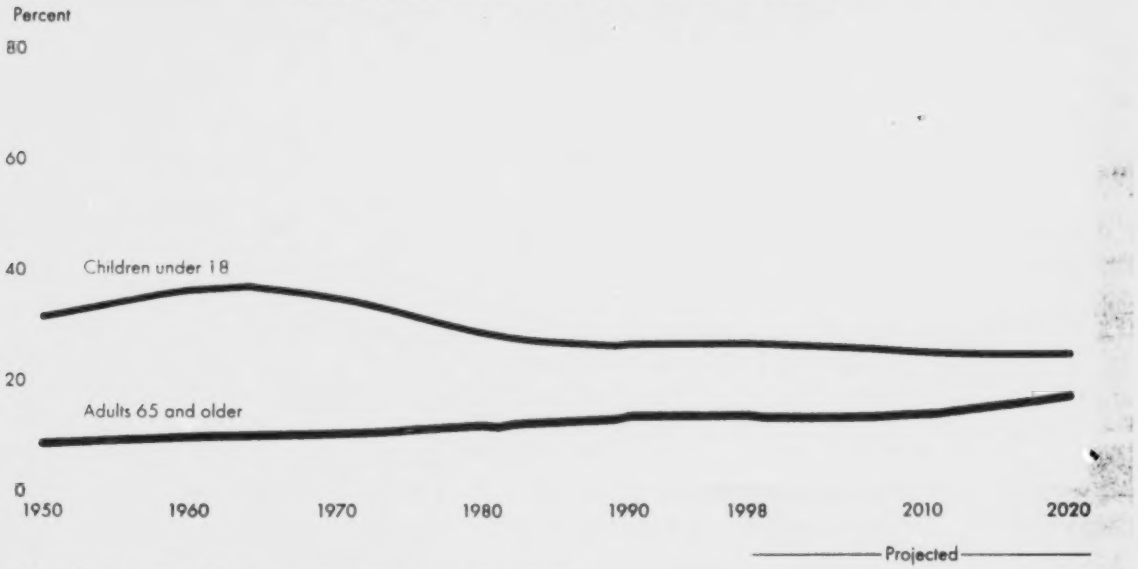
- In 1998, there were 69.9 million children in the United States, 0.3 million more than in 1997. This number is projected to increase to 77.6 million in 2020.
- The number of children under 18 has grown during the last half-century, increasing about half again in size since 1950.
- During the "baby boom" (1946 to 1964), the number of children grew rapidly.
- During the 1970s and 1980s, the number of children declined and then grew slowly.
- Beginning in 1990, the rate of growth in the number of children increased, although not as rapidly as during the baby boom.
- In 1998, there were approximately equal numbers of children—between 23 and 24 million—in each age group 0-5, 6-11, and 12-17 years of age.

Bullets contain references to data that can be found in Table POP1 on page 68.

Children as a Proportion of the Population

Though children represent a smaller percentage of the population today than in 1960, they are nevertheless a stable and substantial portion of the population and will remain so into the next century.

Figure POP2 **Children under age 18 and adults ages 65 and older as a percentage of the U.S. population, 1950-98 and projected 1999-2020**



SOURCE: U.S. Bureau of the Census, Population Estimates and Projections.

- In 1998, children made up 26 percent of the population, down from a peak of 36 percent at the end of the "baby boom."
- Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population.
- Children are projected to remain a fairly stable percentage of the total population. They are projected to comprise 24 percent of the population in 2020.
- In contrast, senior citizens (adults ages 65 and older) have increased as a percentage of the total population since 1950, from 8 to 13 percent. By 2020, they are projected to make up 16 percent of the population.
- Together, children and senior citizens make up the "dependent population:" those persons who, because of their age, are less likely to be employed than others. In 1950, children made up 79 percent of the dependent population; by 1998, they made up 67 percent. That percentage is expected to continue to decrease, to 59 percent in 2020.

Bullets contain references to data that can be found in Table POP2 on page 68.

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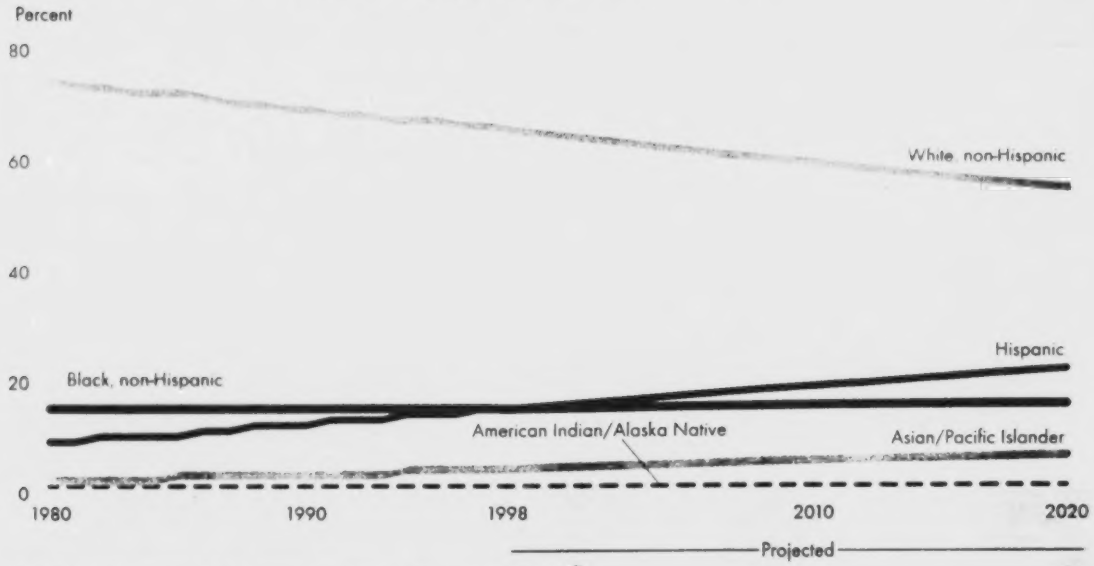
Racial and Ethnic Composition

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity first manifests itself among children, and later in the older population. This diversity is projected to increase even more in the decades to come.

Figure POP3 **Percentage of U.S. children under age 18 by race and Hispanic origin, 1980-98 and projected 1999-2020**



SOURCE: U.S. Bureau of the Census, Population Estimates and Projections.

- In 1998, 65 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 15 percent were Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native.
- The percentage of children who are white, non-Hispanic has decreased from 74 percent in 1980 to 65 percent in 1998.
- Hispanic children outnumbered black, non-Hispanic children for the first time in 1998.
- The percentages of black, non-Hispanic and American Indian/Alaska Native children have been fairly stable during the period from 1980 to 1998.
- The number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 15 percent in 1998. By 2020, it is projected that more than 1 in 5 children in the United States will be of Hispanic origin.
- The percentage of Asian/Pacific Islander children doubled from 2 to 4 percent of all U.S. children between 1980 and 1998. Their percentage is projected to continue to increase to 6 percent in 2020.
- Increases in the percentages of Hispanic and of Asian/Pacific Islander children are due to both fertility and immigration. Much of the growth in the percentage of Hispanic children is due to the relatively high fertility of Hispanic women.

Bullets contain references to data that can be found in Table POP3 on page 69.

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Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[1] may face greater challenges progressing in school and, once they become adults, in the labor market. They may need special instruction to improve their English. Typically, once it is determined that a student speaks another language, school officials evaluate the child's English ability to determine whether the student needs services. Reported English speaking ability serves as an approximation of these evaluation measures.

Figure POP4 **Percentage of children ages 5 to 17 who speak a language other than English at home and who have difficulty speaking English by region, 1995**

SOURCE: U.S. Bureau of the Census, October 1995 Current Population Survey. Tabulated by U.S. Department of Education, National Center for Education Statistics.

- The number of school-age children (ages 5 to 17) who spoke a language other than English at home and who had difficulty speaking English was 2.4 million in 1995, up from 1.3 million in 1979. This is 5 percent of all school-age children in the U.S.
- The percentage of children who speak English with difficulty varies by region of the country, from 2 percent of children in the Midwest to 11 percent of children in the West.
- Likewise, the percentage of children who speak another language at home (with or without difficulty speaking English) varies by region of the country, from 6 percent of children in the Midwest to 26 percent of children in the West. This difference is due to differing concentrations of immigrants and their descendents in the regions.
- Children of Hispanic or other (mostly Asian) origin are more likely than non-Hispanic white or black children to have difficulty speaking English, since they are more likely to speak another language at home. Thirty-one percent of children of Hispanic origin and 14 percent of children of Asian or other origin had difficulty speaking English in 1995, compared with 1 percent of white, non-Hispanic or black, non-Hispanic children.

Bullets contain references to data that can be found in Table POP4 on page 70. Endnotes begin on page 59.

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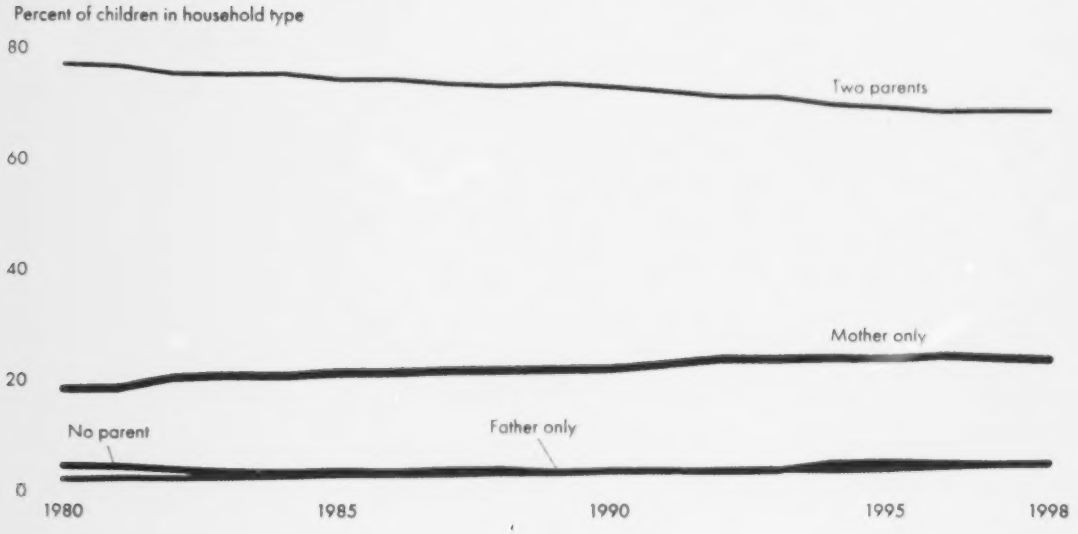
Family Structure

The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who grow up in a household with two parents.

Figure POP5 **Percentage of children under age 18 by presence of parents in household, 1980-98**



SOURCE: U.S. Bureau of the Census, March Current Population Survey.

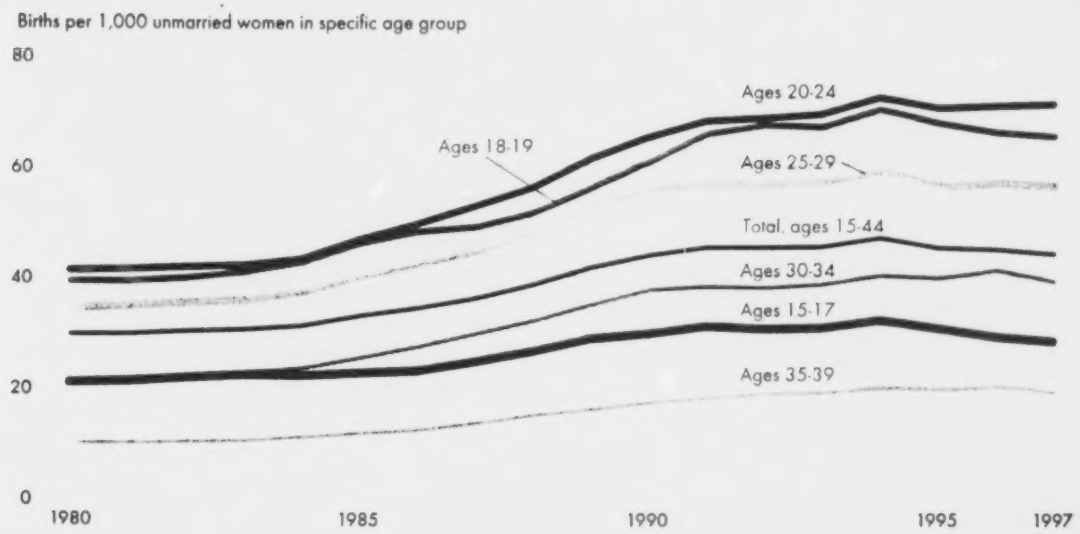
- In 1998, 68 percent of American children lived with two parents, down from 77 percent in 1980.
- In 1998, almost a quarter (23 percent) of children lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with neither of their parents.[2]
- Since 1996, the percentage of children living with only one parent has not changed significantly.
- Among the factors associated with change in the percentage of children living with just one parent is the percentage of births that were to unmarried mothers.[3]
- White, non-Hispanic children are much more likely than black children and somewhat more likely than Hispanic children to live with two parents. In 1998, 76 percent of white, non-Hispanic children lived with two parents, compared to 36 percent of black children and 64 percent of children of Hispanic origin.

Bullets contain references to data that can be found in Table POP5 on page 71. Endnotes begin on page 59.

Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children. Children of unmarried mothers are at higher risk of having adverse birth outcomes, such as low birthweight and infant mortality, and are more likely to live in poverty than children of married mothers.[1-5]

Figure POP6.A **Birth rates for unmarried women by age of mother, 1980-97**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- There were 44 births for every 1,000 unmarried women ages 15 to 44 in 1997.[6]
- Between 1980 and 1994, the birth rate for unmarried women ages 15 to 44 increased from 29 to 47 per thousand. The rate has since stabilized and declined; between 1994 and 1997, the rate fell slightly to 44 per thousand.[7,8]
- During the 1980-94 period, birth rates increased sharply for unmarried women in all age groups. The birth rate for unmarried women ages 15 to 17 increased from 21 to 32 per thousand and the rate for unmarried women ages 18 to 19 rose from 39 to 70 per 1,000. The birth rate for unmarried women ages 20 to 24 increased from 41 to 72 per thousand. Between 1994 and 1997, rates by age declined for all women under age 20 and stabilized for women 20 and older.[9]
- The long-term rise between 1960 and 1994 in the nonmarital birth rate is linked to an increase in the proportion of women of childbearing age who are unmarried (from 29 percent in 1960 to 46 percent in 1994), concurrent with an increase in nonmarital cohabitation. About 20-25 percent of unmarried women ages 25-44 years were in cohabiting relationships in 1992-94.[10] At the same time, childbearing within marriage declined: births to married women declined from 4 million in 1960 to 2.7 million in 1994 and the birth rate for married women fell from 157 per thousand in 1960 to 84 per thousand in 1994.[11] All of these measures have stabilized in the mid-1990s, as the nonmarital birth rate has declined slightly.

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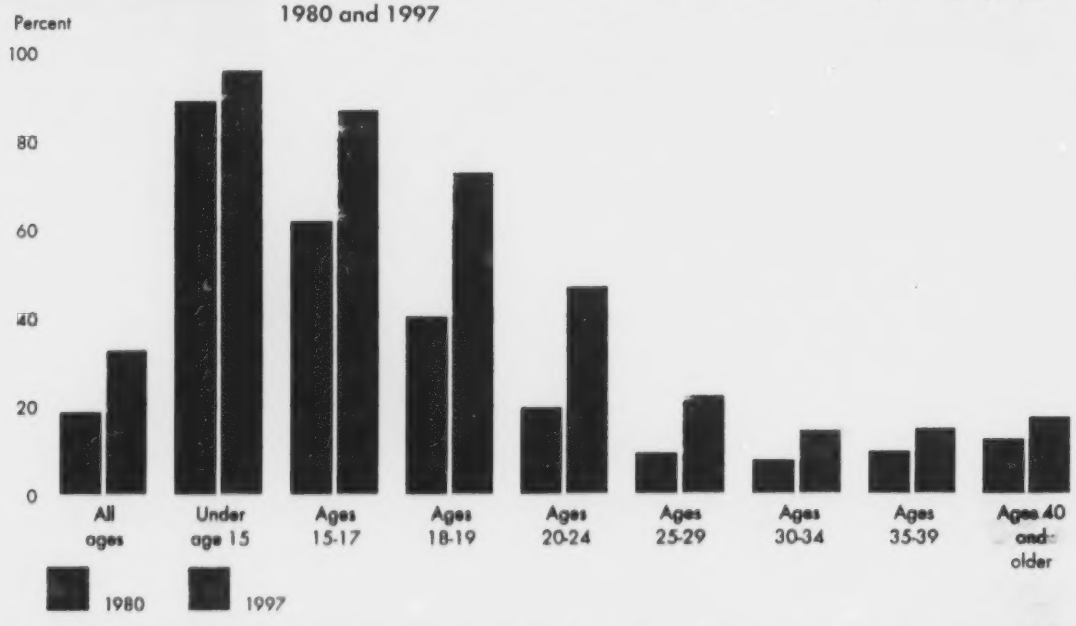
Children are at greater risk for adverse consequences when born into a single-parent setting because the social, emotional, and financial resources available to the family may be more limited.[12] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health— associated with being born outside of marriage. This measure is also useful in monitoring trends and variations in births to unmarried women at the state and local level.[13] The percent of births to unmarried women is affected by several factors including birth rates for married and unmarried women and the number of unmarried women. Significant changes have occurred in all these measures between 1980 and 1997.[14, 15, 16, 17]

Figure POP6.B

Percentage of all births that are to unmarried women in a given age group, 1980 and 1997



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1997, 32 percent of all births were to unmarried women.[18]
- The percentage of all births to unmarried women rose sharply from 18 percent in 1980 to 33 percent in 1994. From 1994 to 1997, the proportion was relatively stable at about 32 percent.[19, 20]
- During the 1980-97 period, the proportions of births to unmarried women rose sharply for women in all age groups. Among teenagers, the proportions were high throughout the period and continued to rise, from 62 to 87 percent for ages 15-17 and from 40 to 73 percent for ages 18-19. The proportions more than doubled for births to women in their twenties, rising from 19 to 47 percent for ages 20-24 and from 9 to 22 percent for ages 25-29. The proportion of births to women ages 30 and older increased from 8 to 14 percent.[21,22]
- The increases in the proportions of births to unmarried women, especially during the 1980s, are linked to sharp increases in the birth rates for unmarried women during this period, concurrent with declines in birth rates for married women. In addition, the number of unmarried women increased by about one-fourth.[23]

Bullets contain references to data that can be found in Tables POP6.A and POP6.B on page 72. Endnotes begin on page 59.

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Data Needed

Population and Family Characteristics

Current data collection systems do not provide enough background information on children's lives, their families and their caregivers. Certain topical databases provide some of this information, but it needs to be collected across domains of child well-being and to be collected regularly enough to discern trends in where, how, and with whom children spend their time. This year's report expands upon last year's by augmenting the background measure on Births to Unmarried Women with information on the percentage of births that are to unmarried women. Beginning with next year's report, data will be presented on the number of children in child care. More data are also needed on:

- *Children's living arrangements.* Understanding the family structures in which children live and the relationships of these structures to child well-being is basic, yet there are no regular data that describe children's living arrangements. Regularly collected data are needed on how many children live with biological parents, step-parents, adoptive parents, or with no parent or guardian, etc. Information is also needed about children's interactions with non-resident parents, particularly fathers, and about the establishment of paternity.
- *Time use.* A regular source of data is needed to track how and where children spend their time, and how these patterns change over time. For example, data on how much time children spend interacting with one or both parents, in school, in day-care, in after-school activities, or at work per week would provide valuable insights. Currently, Federal surveys collect information on the amount of time children spend on certain activities, such as watching TV, but no regular Federal data source exists that examines time spent on the whole spectrum of children's activities. The inclusion of additional questions on time use by children and adults is currently being investigated by several member agencies of the Federal Interagency Forum on Child and Family Statistics.

PART II

Indicators of Children's Well-Being

Economic Security Indicators

Part II: *Indicators of Children's Well-Being* contains data on key indicators that measure the health, security, and safety of the environment in which children play, learn, and grow. Unlike the data presented in Part I of the report, which simply describe the changing context in which children live, the data series in Part II offer insight into the condition of American children by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

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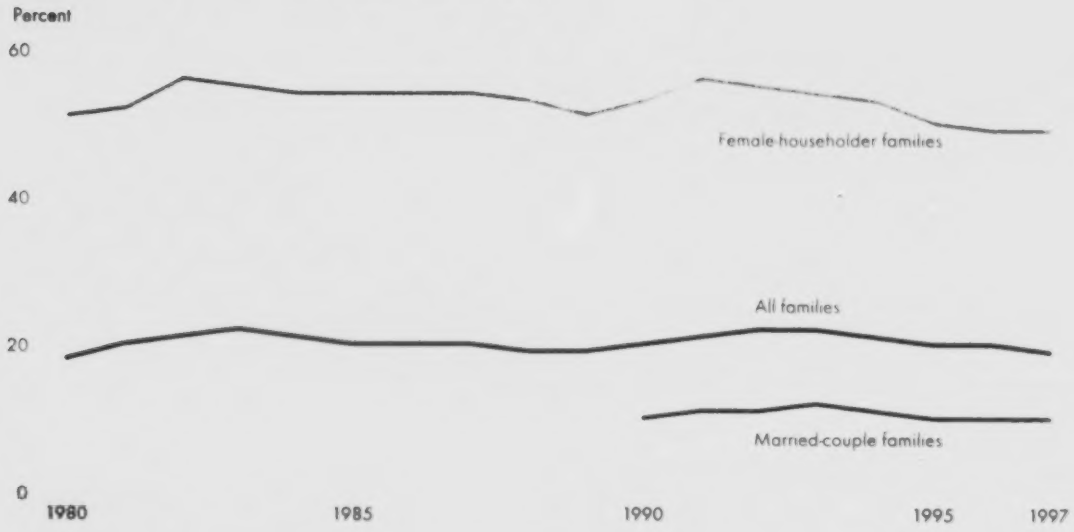
Child Poverty and Family Income

Childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Children living in families who are poor are more likely than children living in other families to have difficulty in school,[24] to become teen parents,[25] and, as adults, to earn less and be unemployed more frequently.[26] The child poverty rate provides important information about the percentage of U.S. children whose current life circumstances are hard and whose futures are potentially limited as a result of their family's low income.

Indicator ECON1.A **Percentage of related children under age 18 in poverty by family structure, 1980-97**

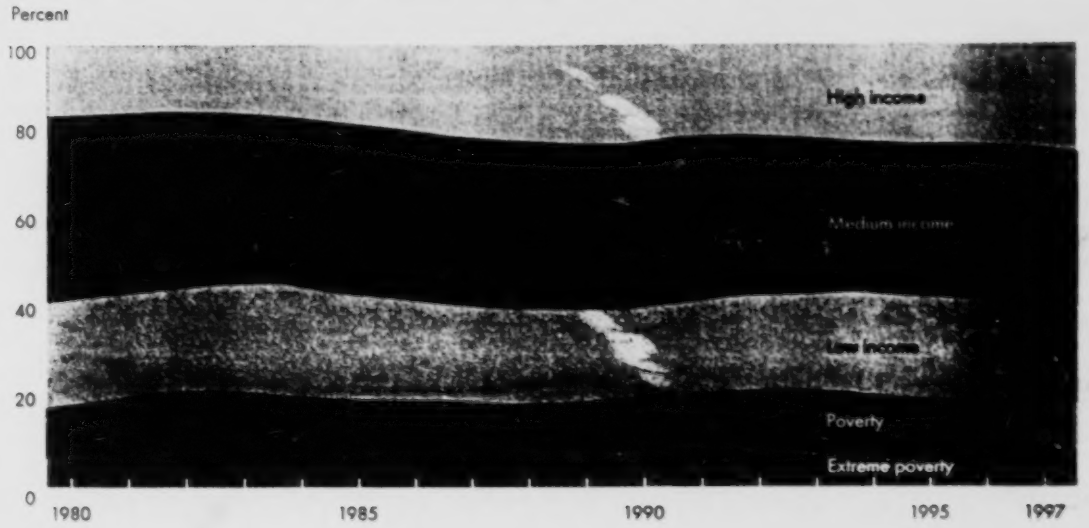


NOTE: Estimates refer to children who are related to the householder and who are under age 18. In 1997, a family of four with an annual income below $16,400 was below the Federal poverty line.
SOURCE: U.S. Bureau of the Census, March Current Population Survey.

- In 1997, 19 percent of American children lived in families with cash incomes below the poverty line.
- The percentage of children in poverty has stayed near or slightly above 20 percent since 1981.[27]
- Children under age 6 are more often found in families with incomes below the poverty line than children ages 6 to 17. In 1997, 22 percent of children under age 6 lived in poverty, compared to 18 percent of older children.
- Children in married-couple families are much less likely to be living in poverty than children living only with their mothers. In 1997, 10 percent of children in married-couple families were living in poverty, compared to 49 percent in female-householder families.
- This contrast by family structure is especially pronounced among certain racial and ethnic groups. For example, in 1997, 13 percent of black children in married-couple families lived in poverty, compared to 55 percent of black children in female-householder families. Twenty-six percent of Hispanic children in married-couple families lived in poverty, compared to 63 percent in female-householder families.
- Most children in poverty are white, non-Hispanic. However, the proportion of black or Hispanic children in poverty is much higher than the proportion for white, non-Hispanic children. In 1997, 11 percent of white, non-Hispanic children lived in poverty, compared to 37 percent of black children and 36 percent of Hispanic children.
- In 1997, 8 percent of all children lived in families with incomes less than half the poverty level, or $8,200 a year for a family of four, while 30 percent of children lived in families with incomes less than 150 percent of the poverty level, or $24,600 a year for a family of four.
- Children under 18 continue to represent a very large segment of the poor population (40 percent) even though they are only about one-fourth of the total population.

The full distribution of the income of children's families is important, not just the percentage in poverty. Knowing that more and more children live in affluent families tells us that a growing proportion of America's children enjoy economic well-being. The growing gap between rich and poor children suggests that poor children may experience more relative deprivation even if the percentage of poor children is holding steady.

Indicator ECON1.B **Income distribution: Percentage of related children under age 18 by family income relative to the poverty line, 1980-97**



NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,200 for a family of four in 1997). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,200 and $16,399 for a family of four in 1997). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $16,400 and $32,799 for a family of four in 1997). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $32,800 and $65,599 for a family of four in 1997). High income is 400 percent of the poverty threshold or more.[28]
SOURCE: U.S. Bureau of the Census, March Current Population Survey.

- In 1997, children living in families with medium income made up the largest share of children by income group (34 percent). There were similar percentages of children living in families with low income and with high income, 21 and 25 percent, respectively.
- Since 1980, the percentage of children living in families with medium income has fallen from 41 percent to 34 percent in 1997, while the percentage of children living in families with high income and the percentage of children in extreme poverty have risen, from 17 to 25 percent and from 7 to 8 percent, respectively. The data indicate that there has been an increase in income disparities among families with children.

Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 73 and 74. Endnotes begin on page 59.

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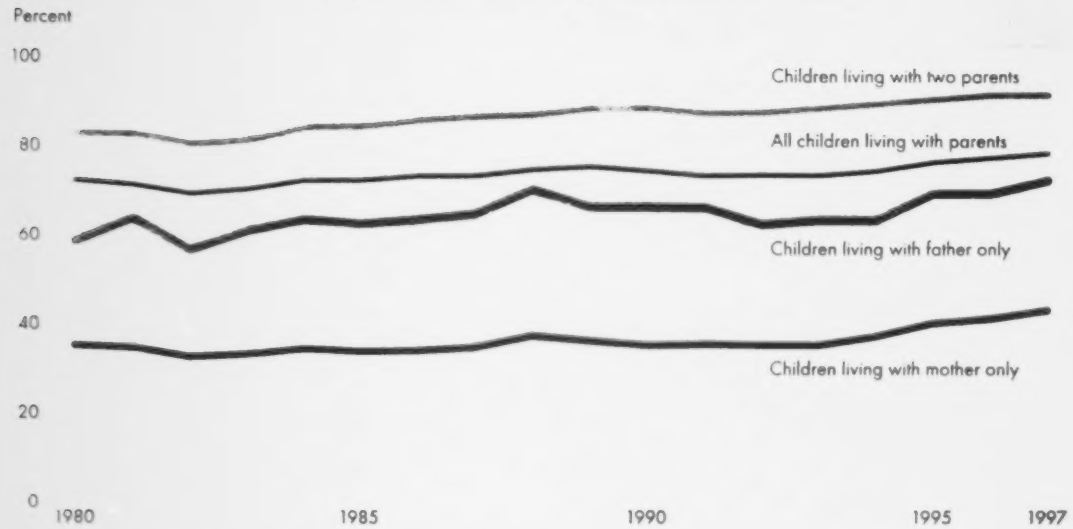
Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents obtain health insurance for themselves and their children through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents.[29] One measure of secure parental employment is the percentage of children living with their parents for whom one or both parents were employed full time during a given year.

Indicator ECON2 **Percentage of children under age 18 living with parents with at least one parent employed full time all year by family structure, 1980-97**



SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

- In 1997, 76 percent of all children living with their parents had at least one parent who worked full time all year.
- Since 1980, the trend in secure parental employment has paralleled the overall trend in employment, increasing between 1982 and 1989, falling during the early 1990s, and steadily increasing since 1993.
- A disproportionate share of the increase in the percentage of children living with at least one parent employed full time all year was due to the increase in the percentage of children living with single mothers who are employed, which increased from 33 percent in 1993 to 41 percent in 1997.
- In 1997, 88 percent of children living in two-parent families had at least one parent who was a full-time year-round worker. In contrast, 70 percent of children living with a single father and 41 percent of children living with a single mother had a parent who worked full time all year.
- Black, non-Hispanic children and Hispanic children are less likely than white, non-Hispanic children to have a parent working full time all year. In 1997, 58 percent of black, non-Hispanic children and 67 percent of Hispanic children had a parent working full time all year, compared to 82 percent of white, non-Hispanic children.
- Children living in poverty are much less likely to have a parent working full time all year than children living at or above the poverty line, 26 percent and 88 percent, respectively. For children living with both parents, 48 percent of poor children had at least one parent working full time all year compared to 92 percent of children living above poverty. For children living with single mothers the differences are much larger. Thirteen percent of those below the poverty line and 66 percent of those above it had a parent working full time all year.
- Between 1980 and 1997, the percent of children living in two-parent families in which both the mother and father worked full-time all year increased from 17 to 31 percent.

Bullets contain references to data that can be found in Table ECON2 on page 75. Endnotes begin on page 59.

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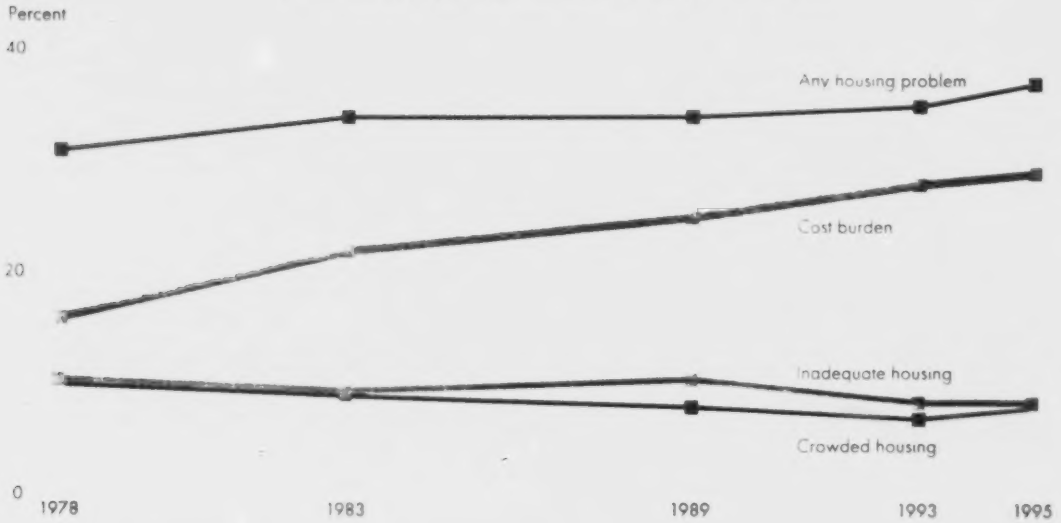
Housing Problems

Inadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being.[30] The percentage of households with children who report that they are living in physically inadequate,[31] crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.

Indicator ECON3 **Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-95**



NOTE: Data are available for 1978, 1983, 1989, 1993, and 1995.
SOURCE: U.S. Bureau of the Census and the Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

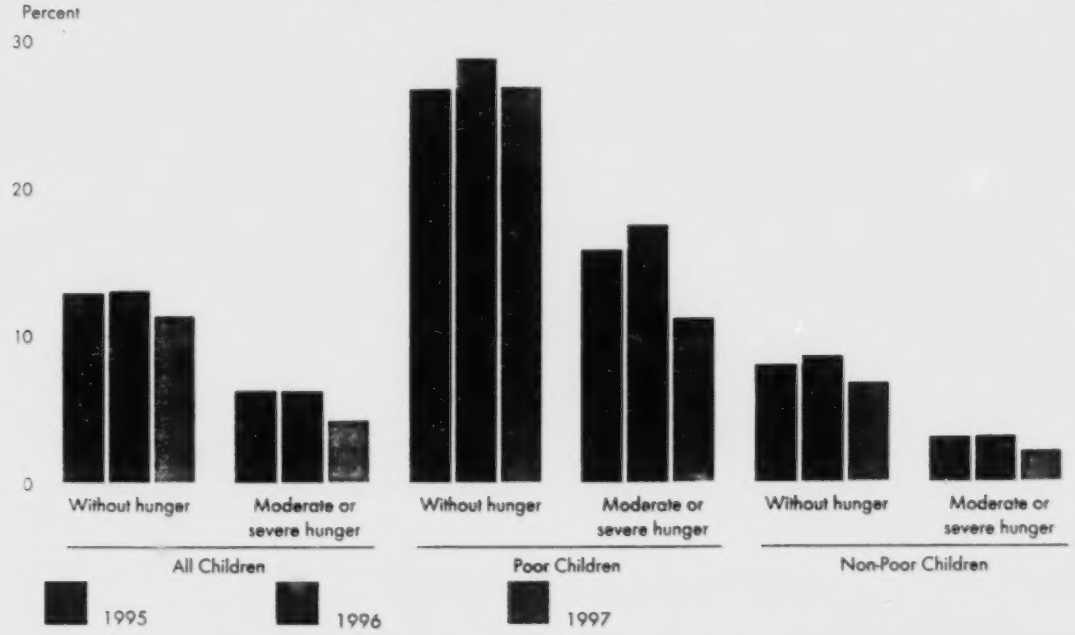
- In 1995, 36 percent of U.S. households with children, both owners and renters, had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income.[32]
- The share of U.S. households with children who have any housing problems has been rising since 1978, increasing from 30 percent to 36 percent in 1995.
- Inadequate housing, defined as housing with severe or moderate physical problems, has become slightly less common. In 1995, 7 percent of households with children had inadequate housing, compared to 9 percent in 1978.
- Crowded housing, defined as housing in which there is more than one person per room, has also declined slightly among households with children, from 9 percent in 1978 to 7 percent in 1995.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 1995, the percentage of households with children with a cost burden, that is, paying more than 30 percent of their income for housing, rose from 15 percent to 28 percent. The percentage with severe cost burdens, paying more than half of income for housing, rose from 6 to 12 percent.
- In 1995, 12 percent of households with children had severe housing problems, defined as either severe housing cost burdens or severe physical housing problems among those not receiving rental assistance.[33] This increase from 8 percent in 1978 reflects a rise in the percentage of families reporting severe rent burdens.
- Severe housing problems are especially prevalent among very-low-income renters.[34] In 1995, 32 percent of very-low-income renter households with children reported severe housing problems, with severe rent burden again the major problem. Although this percentage does not differ significantly from 1978, the number of these households has grown sharply, from 1.4 million in 1978 to 2.1 million in 1995, and the proportion with severe rent burdens has increased.

Bullets contain references to data that can be found in Table ECON3 on page 77. Endnotes begin on page 59.

Food Security

Children's good health and development depend on a diet sufficient in nutrients and calories. Food security has been defined as access at all times to enough nourishment for an active, healthy life. At a minimum, food security includes the ready availability of sufficient, nutritionally adequate and safe food, and the assurance that families can obtain adequate food without relying on emergency feeding programs or resorting to scavenging, stealing, or other desperate efforts to secure food.[35] A family's ability to provide for children's nutritional needs is linked to income or other resources and secure access to adequate, nutritious food. Members of food-insecure households are at risk of hunger. The following indicator measures food insecurity on a scale that indicates increasing levels of severity of food insecurity and accompanying hunger. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increased resort to emergency food sources and other coping behaviors, but do not report hunger to a significant degree. However, food-insecure households with moderate and severe hunger report increasing difficulty obtaining food and decreased food intakes.

Indicator ECON4.A **Food security: Percentage of children under age 18 in households experiencing food insecurity by level of hunger and poverty status, 1995-1997**

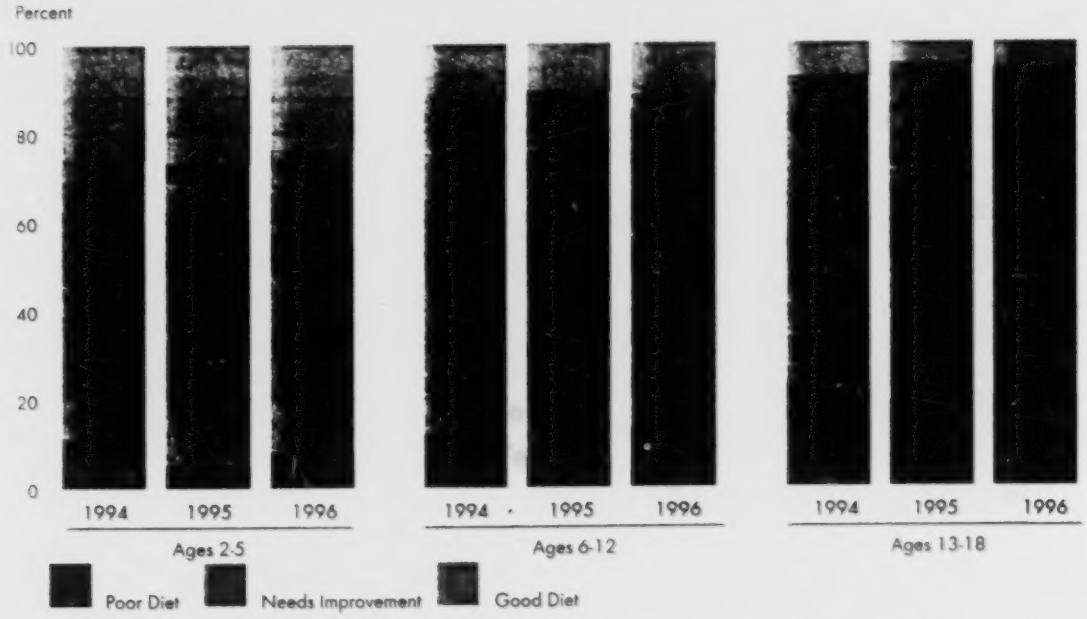


NOTE: See Table ECON4.A for details on the food security scale.
SOURCE: U.S. Bureau of the Census, Food Security Supplement to the Current Population Survey; U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation.

- In 1997, 4.2 percent of children lived in households experiencing food insecurity with moderate or severe hunger. Three and a half percent experienced food insecurity with moderate hunger and 0.7 percent experienced severe hunger.
- Children living in households below poverty are much more likely than other children to live in households experiencing food insecurity with moderate to severe hunger. In 1997, 11.1 percent of children in households with incomes below the Federal poverty level experienced food insecurity with moderate to severe hunger, compared to 2.1 percent of children in households with income above the poverty level.
- Most food-insecure households do not report actual hunger for household members. In 1997, 11.3 percent of all children and 26.8 percent of poor children lived in households experiencing food insecurity without hunger.
- The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one or more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food.

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake. And component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts.[36]

Indicator ECON4.B **Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-1996**



NOTE: The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.
SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

- In 1996, most children and adolescents had a diet that was poor or needed improvement, as indicated by their HEI score.
- As children get older, their diet quality declines. In 1996, among children ages 2 to 5, 24 percent had a good diet and 8 percent had a poor diet. For those ages 13 to 18, 6 percent had a good diet and 20 percent had a poor diet.
- As children grow older, the lower quality diets of older children are linked to declines in their fruit and milk consumption.
- Poor children are less likely than nonpoor children to have a diet rated as good. For children ages 2 to 5, 19 percent of those in a poor household had a good diet in 1994-96, compared with 28 percent of those in a nonpoor household.
- The diet quality of children and adolescents was similar in 1994, 1995, and 1996—most children in each of these years had a diet that was poor or needed improvement.

Bullets contain references to data that can be found in Tables ECON4.A, ECON4.B, ECON4.C, and ECON4.D on pages 78-80. Endnotes begin on page 56.

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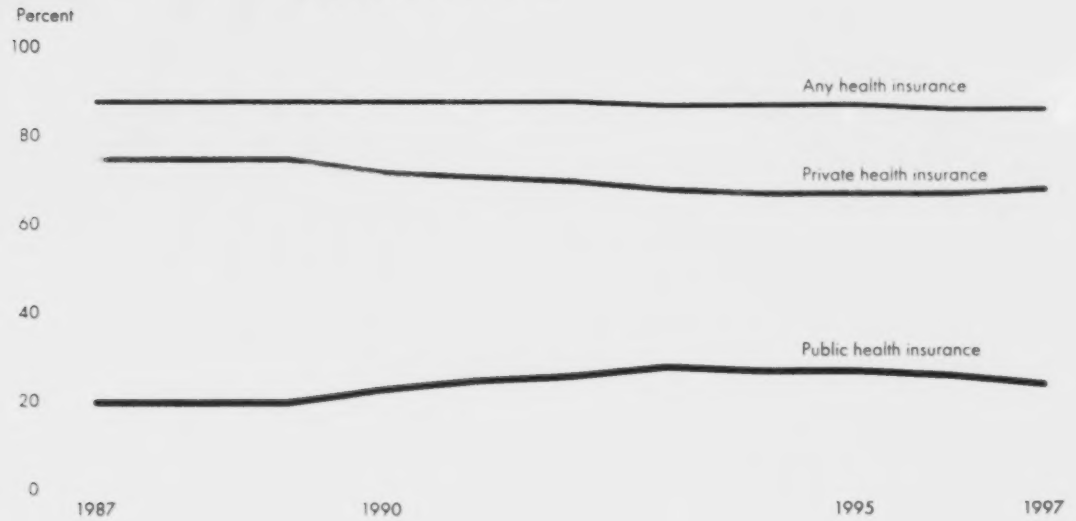
Access to Health Care

Children with access to health care have reasonable assurance of obtaining the medical and dental attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (public or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

Indicator ECON5.A **Percentage of children under age 18 covered by health insurance by type of health insurance, 1987-97**

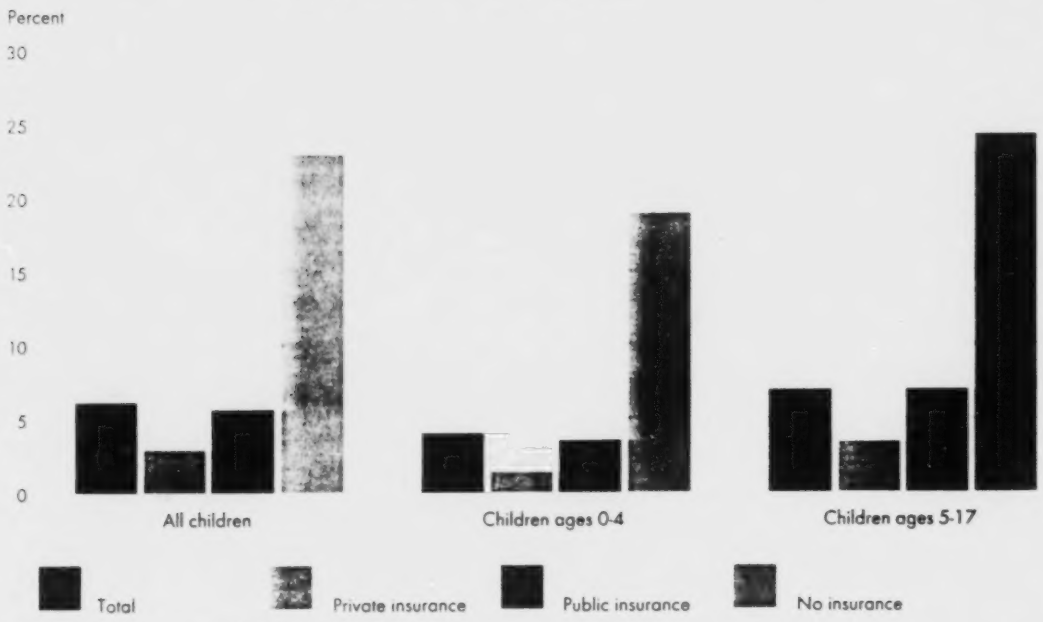


NOTE: Public health insurance for children consists primarily of Medicaid, but also includes Medicare and CHAMPUS (Civilian Health and Medical Program of the Uniformed Services). CHAMPUS is a health benefit program for all members of the armed forces and their dependents. It is being replaced by Tricare.
SOURCE: U.S. Bureau of the Census, Housing and Household Economic Statistics Division, March Current Population Survey.

- In 1997, 85 percent of children had health insurance coverage. This percentage has been fairly stable since 1987.
- The number of children who had no health insurance at any time during 1997 was 10.7 million (15 percent of all children). Neither the number nor the percent of uninsured children were significantly higher than the 1996 figures of 10.6 million and 15 percent.
- The proportion of children covered by private health insurance has decreased in recent years, from 74 percent in 1987 to 67 percent in 1997. During the same period, the proportion of children covered by public health insurance[37] has grown from 19 percent to 23 percent.[38]
- Hispanic children are less likely to have health insurance than either white, non-Hispanic or black children. In 1997, 71 percent of Hispanic children were covered by health insurance, compared to 89 percent of white, non-Hispanic children and 81 percent of black children.
- Overall rates of coverage vary little by age of child, but young children ages birth to 5 are more likely than older children to have public rather than private health insurance.

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive interventions and education, observations, screening, and immunizations, as well as sick care.[39] Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric care.[40, 41] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care.[42]

Indicator ECON5.B **Percentage of children under age 18 with no usual source of health care by age and type of health insurance, 1996**



NOTE: Emergency rooms excluded as a usual source of care.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 1996.

- In 1996, 6 percent of children had no usual source of health care, according to their parents.
- In 1996, children with public insurance were almost twice as likely to have no usual source of care as children with private insurance.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. Children who were uninsured were over seven times as likely as those with private insurance to have no usual source of care in 1996.
- Older children are slightly more likely than younger children to lack a usual source of health care. Most of this difference is due to adolescents ages 12 to 17 lacking a usual source of care. In 1996, 8 percent of all adolescents 12 to 17 lacked a usual source of health care. Over 27 percent of uninsured adolescents in this age group lacked a usual source of health care.[43]
- The proportion of children with no usual source of health care has been declining. In 1993, 7.6 percent of children had no usual source of care, compared with 6.1 percent in 1996.

Bullets contain references to data that can be found in Tables ECON5.A and ECON5.B on pages 81 and 82. Endnotes begin on page 59.

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Indicators Needed

Economic Security

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. This year's report improves upon last year's report by providing an expanded indicator of Food Security that includes a measure of the nutritional quality of children's diets. However, additional indicators are needed on:

- *Economic security measures.* Changes in children's economic well-being over time need to be anchored in an average standard of living context. Multiple measures of family income, or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty for families with children.* Although good Federal data are available on child poverty, and alternative measures are being developed (see ECON1, Child Poverty and Family Income and discussion of alternative poverty rates on page 74), the surveys that collect these data do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to provide the capacity to produce regular estimates.
- *Homelessness.* At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies that have sought to estimate this number.

Indicators of Children's Well-Being

Health Indicators

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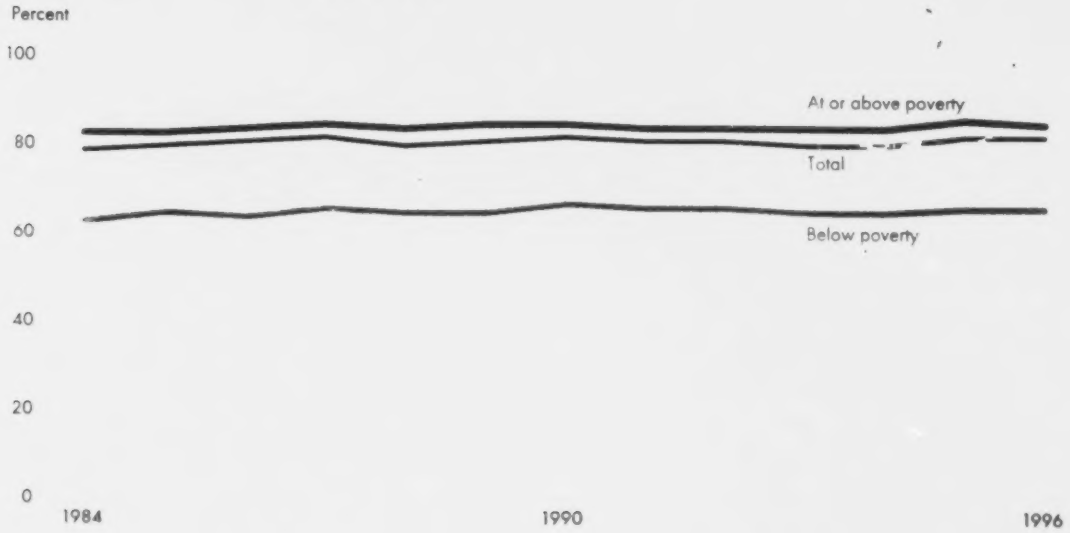
General Health Status

The health of children and youth is basic to their well-being and optimal development. Parental reports of their children's health provide one indication of the overall health status of the Nation's children. This indicator measures the percentage of children whose parents report them to be in very good or excellent health.

Indicator HEALTH1 **Percentage of children under age 18 in very good or excellent health by poverty status, 1984-96**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 1996, about 81 percent of children were reported by their parents to be in very good or excellent health.
- Child health varies by family income. As family income increases, the percentage of children in very good or excellent health increases. In 1996, about 65 percent of children in families below the poverty line were in very good or excellent health, compared with 84 percent of children in families living at or above the poverty line.
- Children under age 5 are about as likely to be in very good or excellent health as children ages 5 to 17.
- The percentage of children in very good or excellent health remained stable between 1984 and 1996. The health gap between children below and those at or above the poverty line also did not change during the time period; each year, children at or above the poverty line were about 20 percentage points more likely to be in very good or excellent health than children below poverty.

Bullets contain references to data that can be found in Table HEALTH1 on page 83. See indicator ECON1 on pages 12 and 13 for a description of child poverty.

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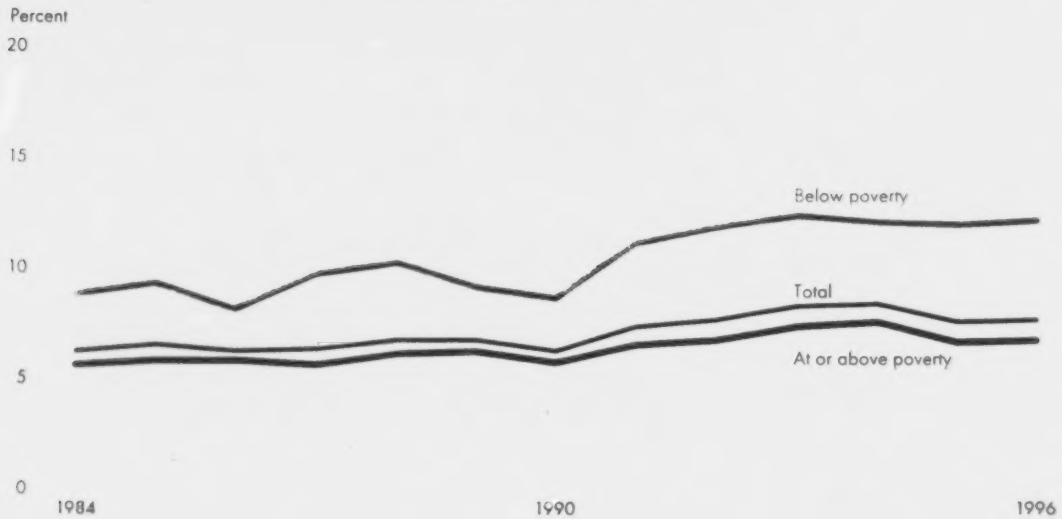
Activity Limitation

Children whose activities are limited by one or more chronic health conditions may need more specialized health care than children without such limitations. Their medical costs are generally higher; they are more likely to miss days from school; and they may require special education services.[1] Researchers use parental reports on limitations associated with chronic conditions to determine the prevalence of activity limitations. Chronic conditions usually have a duration of more than 3 months, such as asthma, hearing impairment, or diabetes. Activities include going to school, playing, and any other activities of children.

Indicator HEALTH2 **Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions by poverty status, 1984-96**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 1996, 8 percent of children ages 5 to 17 were limited in their activities because of one or more chronic health conditions, compared to 3 percent of children younger than 5. These rates were about the same as in 1995. Children and youth ages 5 to 17 have much higher rates of activity limitation than younger children, possibly because some chronic conditions are not diagnosed until children enter school.
- Children and youth in families living below the poverty line have significantly higher rates of activity limitation than children in more affluent families. Among children and youth ages 5 to 17, 12 percent of children living below poverty had activity limitation due to chronic conditions, whereas 7 percent of children in families at or above poverty had a limitation in 1996.
- Between 1984 and 1996, activity limitation increased from 9 to 12 percent among children ages 5 to 17 in families living below the poverty line, and from 6 to 7 percent among children ages 5 to 17 in families at or above the poverty line.
- The difference in activity limitation by income is also present among preschool-age children. Children ages birth to 4 in families below poverty had a rate of activity limitation substantially higher than children in families at or above poverty.
- More males ages 5 to 17 had limitation of activity than females for all years from 1984-1996. In 1996, 9 percent of males and 6 percent of females were limited in their activities because of one or more chronic health conditions.

Bullets contain references to data that can be found in Table HEALTH2 on page 84. Endnotes begin on page 59.

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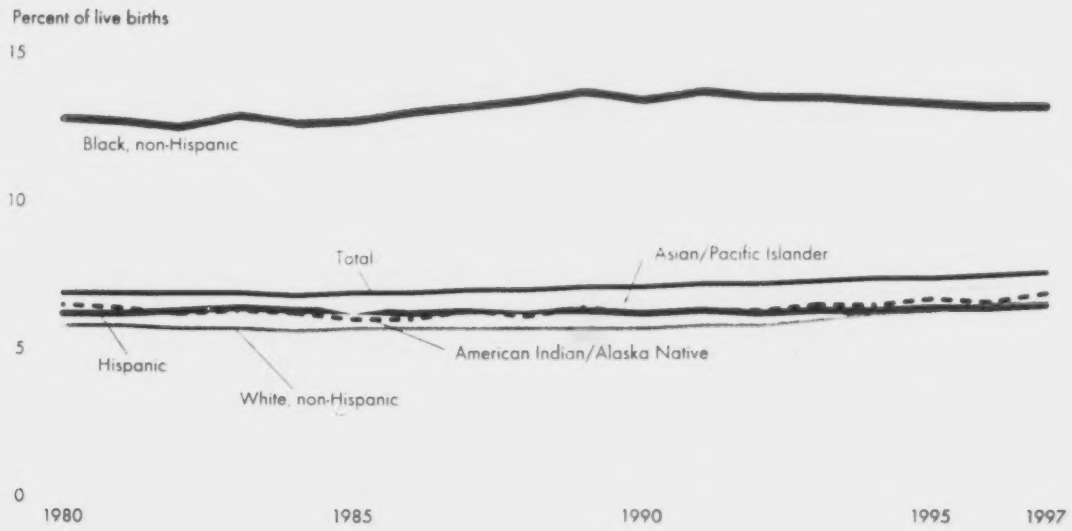
Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or about 5.5 pounds) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.[45, 46] Low-birthweight infants are a diverse group: some are born prematurely, some are full-term but small for their gestational age, and some are both premature and small.

Indicator HEALTH3 **Percentage of infants with low birthweight by race and Hispanic origin, 1980-97**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

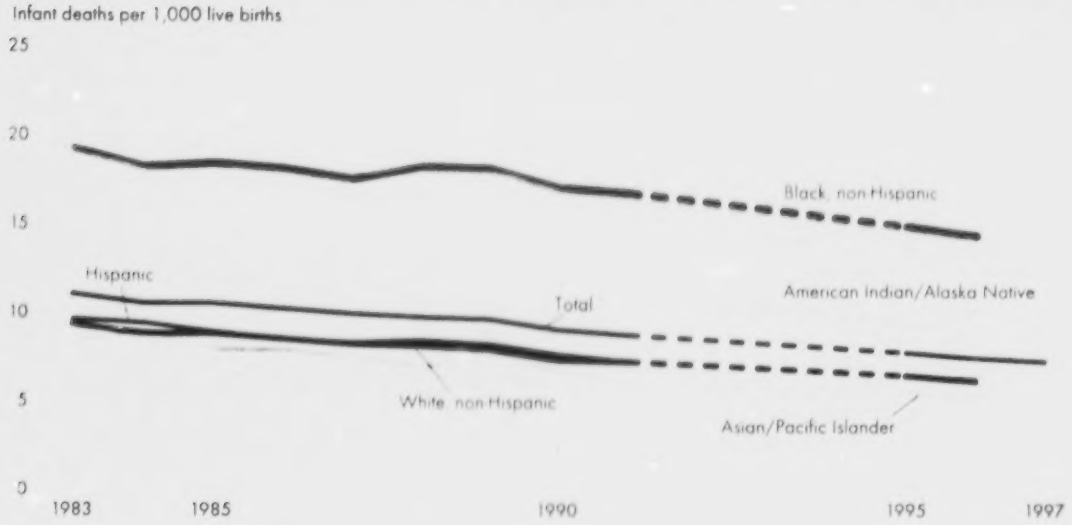
- The percent of infants born of low birthweight was 7.5 in 1997, up slightly from 7.4 percent in 1996.[47, 48] The low birthweight rate has increased slowly but steadily since 1984. The 1997 rate is the highest since 1973.
- The low birthweight rate for non-Hispanic black infants declined during the 1990s, to 13.1 percent in 1996 and 1997. The low birthweight rate has risen during the 1990s for non-Hispanic white infants, from 5.6 percent in 1990 to 6.5 percent in 1997. Low birthweight among Hispanic infants rose slightly in 1997 to 6.4 percent. The rate of low birthweight for American Indian/Alaska Native infants was 6.8 percent and the overall rate for Asian/Pacific Islander infants was 7.2 percent in 1997.
- The percentage of low-birthweight births varies widely within Hispanic and Asian/Pacific Islander subgroups. Final statistics for 1997 indicate that among Hispanics, women of Mexican origin had the lowest percentage of low birthweight infants (6.0 percent) and Puerto Ricans the highest (9.4 percent). Among Asian/Pacific Islander subgroups, low birthweight was lowest for births to women of Chinese origin (5.1 percent) and highest for women of Filipino origin (8.3 percent).
- About 1.4 percent of infants were born with very low birthweight (less than 1,500 grams) in 1996 and 1997, up from 1.3 percent in each year, 1989-95, and 1.2 percent in each year, 1981-88.[49, 50]
- One reason for the increase in low birthweight over the past several years is that the number of twin, triplet, and higher-order multiple births has increased.[51, 52] Twins and other multiples are much more likely than singleton infants to be of low birthweight: 54 percent of twins and 93 percent of triplets, compared with 6 percent of singletons, were low birthweight in 1997.[53]

Bullets contain references to data that can be found in Table HEALTH3 on page 85. Endnotes begin on page 59.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.[34] In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. About one-third of infant deaths occur after the first month and are influenced greatly by social or environmental factors, such as exposure to cigarette smoke or access to health care.[35]

Indicator HEALTH4 **Infant mortality rate by race and Hispanic origin, selected years 1983-97**



NOTE: 1997 data are preliminary. Data are available for 1983-91 and 1995-97.
SOURCE: National Linked File of Live Births and Infant Deaths and National Vital Statistics System.

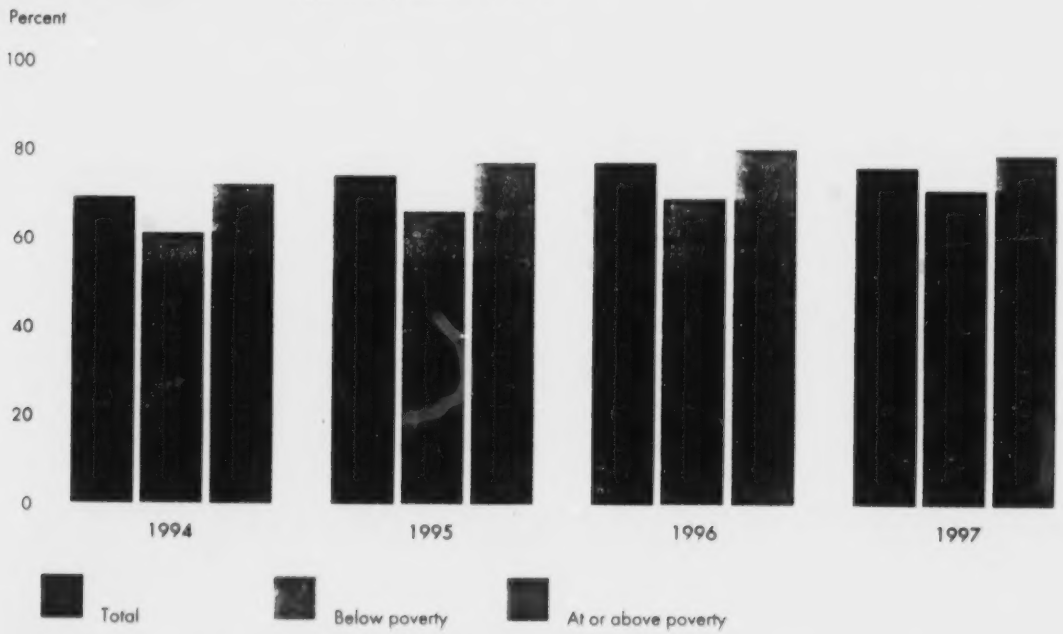
- The 1997 infant mortality rate[36] for the United States, according to preliminary data, was 7.1 deaths per 1,000 births, substantially below the 1983 rate of 10.9.
- Infant mortality data are available by mother's race and ethnicity through 1996. Black, non-Hispanics have consistently had a higher infant mortality rate than white, non-Hispanics. In 1996, the black, non-Hispanic infant mortality rate was 14.2, compared to 6.0 for white, non-Hispanics.
- Infant mortality has dropped for all race and ethnic groups over time, but there are still substantial racial and ethnic disparities in infant mortality. In 1996, black, non-Hispanic and American Indian/Alaska Native infants had significantly higher infant mortality rates than white, non-Hispanic, Hispanic, and Asian/Pacific Islander infants. In 1996, infant mortality rates[37] varied from 5.2 among Asian/Pacific Islander infants and 6.1 for Hispanics, to 10.0 among American Indians/Alaska Natives.
- Infant mortality rates also vary within race and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate ranged from a low of 5.0 for infants of Central and South American origin to a high of 8.6 for Puerto Ricans. Among Asians/Pacific Islanders, infant mortality rates ranged from 3.2 for infants of Chinese origin to 5.8 for Filipinos.

Bullets contain references to data that can be found in Table HEALTH4 on page 86. Endnotes begin on page 59.

Childhood Immunization

Adequate immunization protects children against several diseases that killed or disabled many children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious preventable illnesses. The combined series immunization rate measures the extent to which children have received four key vaccinations.

Indicator HEALTH5 **Combined series immunization coverage among children 19 to 35 months of age by poverty status, 1994-97**



NOTE: Vaccinations included in the combined series are 4 doses of diphtheria-tetanus-pertussis (DTP) vaccine, 3 doses of polio vaccine, 1 dose of a measles-containing vaccine, and 3 doses of Haemophilus influenzae type b (Hib) vaccine.
SOURCE: Centers for Disease Control and Prevention, National Immunization Program and National Center for Health Statistics, National Immunization Survey.

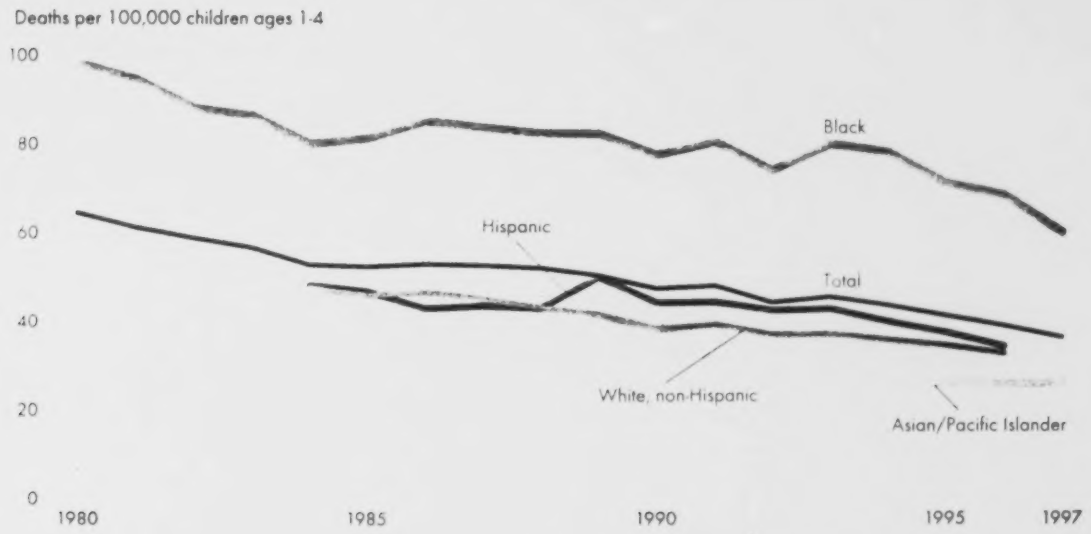
- In 1997, 76 percent of children ages 19 to 35 months had received the combined series of vaccines (often referred to as the 4:3:1:3 combined series).
- Children with family incomes below the poverty level were less likely to have received the combined series than children with family incomes at or above the poverty line—71 percent compared to 79 percent in 1997.
- While coverage with the combined series decreased 1 percentage point between 1996 and 1997, the gap in coverage between children in families below the poverty level and those at or above poverty also decreased—from 11 percentage points in 1996 to 8 percentage points in 1997.
- Ninety-three percent of children 19 to 35 months old had received at least three doses of Hib vaccine in 1997.
- Eighty-four percent of children 19 to 35 months old had received three or more doses of the Hepatitis B vaccine in 1997.
- White, non-Hispanic children were more likely to receive the 4:3:1:3 combined series of vaccines than were black, non-Hispanic or Hispanic children. Seventy-nine percent of white, non-Hispanic children ages 19 to 35 months received these immunizations compared with 73 percent of black, non-Hispanic children and 72 percent of Hispanic children.

Bullets contain references to data that can be found in Table HEALTH5 on page 87.

Child Mortality

Child mortality rates are the most severe measure of ill health in children. In 1996, unintentional injuries, birth defects, and cancer were the leading causes of death among children ages 1 to 4, while at ages 5 to 14, unintentional injuries, cancer, and homicide were the leading causes of death.[58]

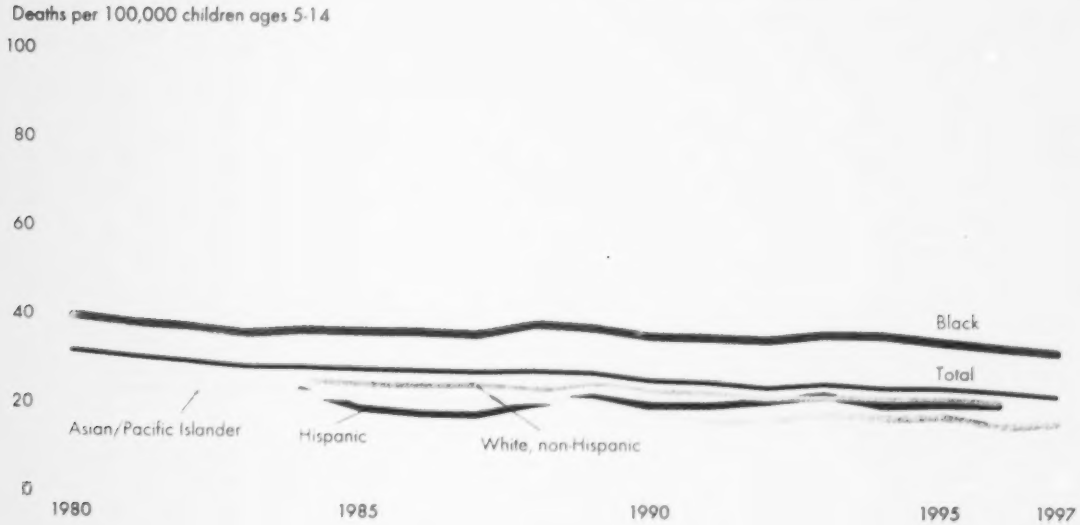
Indicator HEALTH6.A **Mortality rate among children ages 1 to 4 by race and Hispanic origin, 1980-97**



NOTE: Total includes American Indians/Alaska Natives. Mortality rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates. 1997 data are preliminary.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1997, the death rate[59] for children ages 1 to 4 was 36 per 100,000 children, according to preliminary data.
- Between 1980 and 1997, the death rate declined by almost half for children ages 1 to 4. Declines in deaths from unintentional injury and cancer were the main causes of the overall drop in mortality.
- Among children ages 1 to 4, black children had the highest death rates in 1997 at 59 per 100,000 children (preliminary data). Asian/Pacific Islander children had the lowest death rate, at 25.
- While the mortality rate for almost all groups of children continues to fall, it has fallen most dramatically among black children ages 1 to 4, from 67.6 per 100,000 in 1996 to 59.2 in 1997, according to preliminary data. This rate, however, remains more than twice the rate for whites, at 31.5 per 100,000 according to 1997 preliminary data.

Indicator HEALTH6.B Mortality rate among children ages 5 to 14 by race and Hispanic origin, 1980-97



NOTE: Total includes American Indians/Alaska Natives. Mortality rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates. 1997 data are preliminary.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

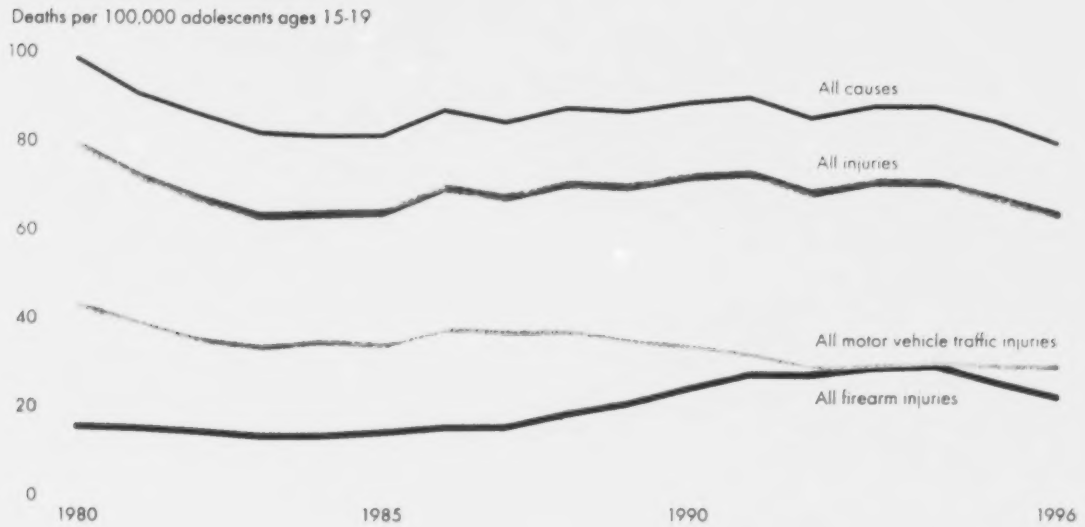
- The death rate in 1997 (preliminary data) for children ages 5 to 14 was 21 per 100,000 children, about a third lower than the 1980 death rate of 31. Declines in deaths from unintentional injury and cancer were the main causes of the overall drop in mortality.
- Among children ages 5 to 14, black children had the highest death rates in 1996 at 31 deaths per 100,000 (preliminary data), and Asians/Pacific Islanders had the lowest death rate at 15.

Bullets contain references to data that can be found in Table HEALTH6 on page 88. Endnotes begin on page 59.

Adolescent Mortality

Compared with younger children, adolescents have much higher mortality rates. In addition, adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents or firearms.[60] This difference illustrates the importance of looking separately at mortality rates and causes of death among teenagers ages 15 to 19.

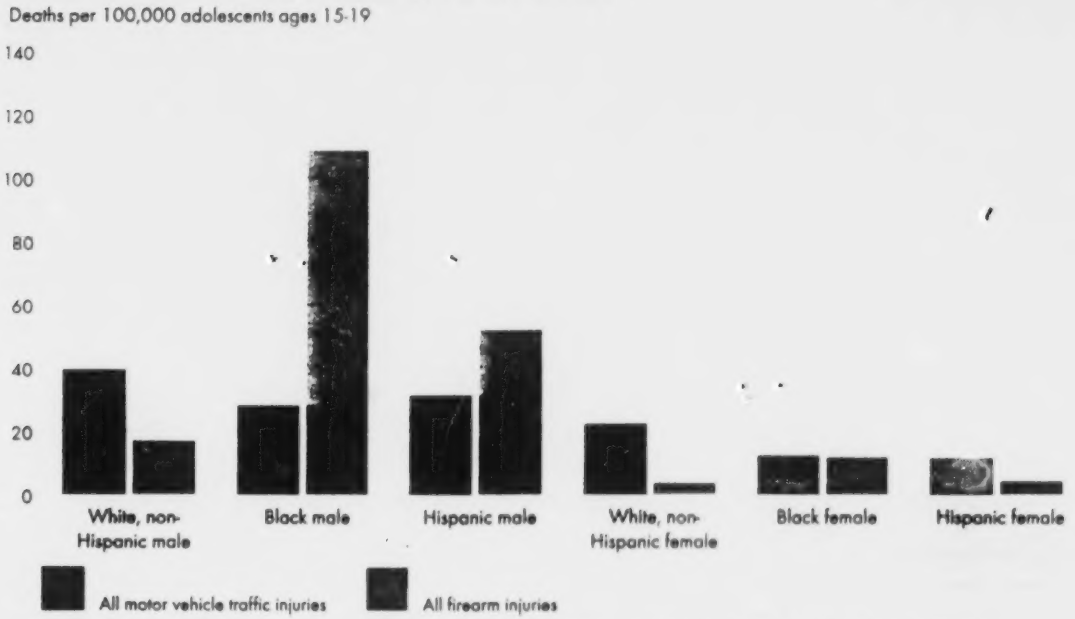
Indicator HEALTH7.A **Mortality rate among adolescents ages 15 to 19 by cause of death, 1980-96**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1996, the death rate for adolescents ages 15 to 19 was 79 deaths per 100,000, just below the 1985 rate. After increasing to 89 per 100,000 in 1991, the rate declined again and continues to be substantially lower than the rate in 1980. Injury, which includes homicide, suicide, and unintentional injuries, continues to account for 4 out of 5 deaths among adolescents.
- Injuries from motor vehicles and firearms are the primary causes of death among youth ages 15-19. Motor vehicle traffic-related injuries accounted for 36 percent of deaths in this age group during 1996, while injuries from firearms accounted for 27 percent.
- Motor vehicle injuries were the leading cause of death among adolescents for each year between 1980 and 1996, but the death rate declined by one-third during the time period. Little change, however, has occurred since 1992.
- In 1980, deaths to adolescents 15 to 19 resulting from motor vehicle injuries occurred almost three times as often as those resulting from firearm injuries (intentional and unintentional).
- Motor vehicle traffic-related and firearm death rates have followed different trends since 1980. From 1980 to 1985 both rates declined; in the following years, however, the motor vehicle traffic death rate continued to decline modestly while the firearm death rate increased markedly. During the years 1992 to 1994 the two rates differed only slightly. However, in 1995 and 1996, as a result of a faster decline in the adolescent firearm injury death rate than in the motor vehicle traffic death rate, the relative difference between the two causes increased again.
- Most of the increase in firearm injury deaths between 1985 and 1992 resulted from an increase in homicides. The firearm homicide rate among 15- to 19-year-olds more than tripled from 5 to 18 per 100,000 between 1983 and 1993. At the same time, the firearm suicide rate rose from 5 to 7 per 100,000. From 1994 to 1996, both the firearm suicide and firearm homicide rates declined by about one-fourth.

Indicator HEALTH7.B Injury mortality rate among adolescents ages 15 to 19 by gender, race, Hispanic origin, and type of injury, 1996



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

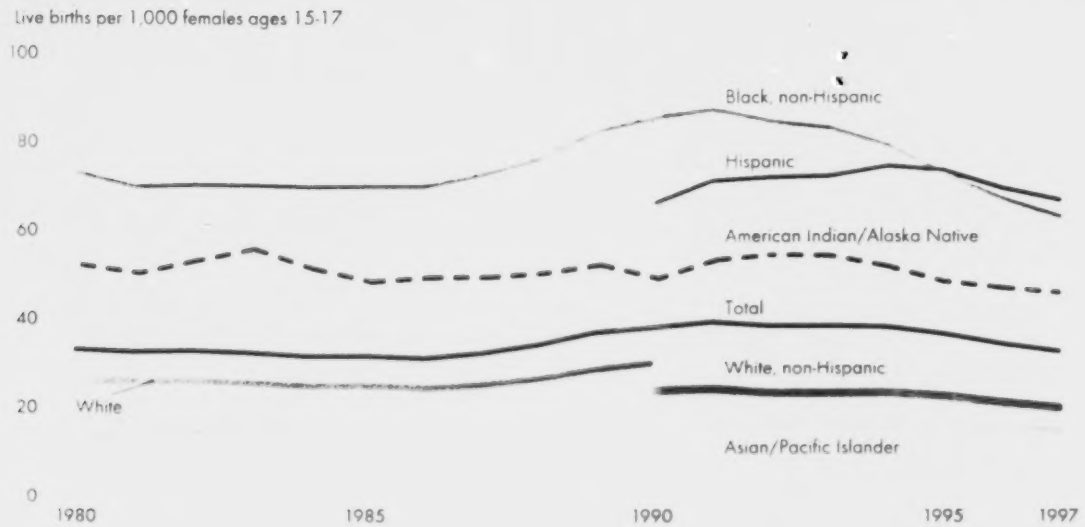
- Motor vehicle and firearm injury deaths were both more common among male than among female adolescents. In 1996, the motor vehicle traffic death rate for males was nearly twice the rate for females, and the firearm death rate among males was seven times that for females.
- Among adolescents in 1996, motor vehicle injuries were the most common cause of death among white, non-Hispanic males and females, black females, and Hispanic females. There were more deaths from firearms than from motor vehicle injuries among black and Hispanic males. Firearms were the most frequent weapon used in suicide and homicide among adolescents.
- Motor vehicle and firearm mortality declined more for males than for females between 1994 and 1996.
- Deaths from firearm injuries among teenagers declined substantially between 1994 and 1996, particularly among black and Hispanic males. From 1994-96, the firearm homicide rates for Hispanic and black adolescent males declined by more than one-fourth to 41 and 92 per 100,000, respectively.[61]

Bullets contain references to data that can be found in Tables HEALTH 7.A and HEALTH7.B on pages 89 and 90. Endnotes begin on page 59.

Adolescent Births

Bearing a child during adolescence is associated with long-term difficulties for the mother, her child, and society. These consequences are often attributable to the poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.[62] Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality.[63] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[64] The birth rate of adolescents under age 18 is a measure of particular interest because the mothers are still of school age.

Indicator HEALTH8 **Birth rate for females ages 15 to 17 by race and Hispanic origin, 1980-97**



NOTE: Rates for 1980-89 are calculated for all whites and all blacks. Rates from 1980-1989 are not shown for Hispanics, non-Hispanic whites, or non-Hispanic blacks because estimates for populations were not available.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1997, the adolescent birth rate was 32 per 1,000 young women ages 15 to 17. There were 182,408 births to these young women in 1997.[65, 66]
- The birth rate among teenagers 15 to 17 years old declined from 39 to 32 births per 1,000 between 1991 and 1997. This decline follows a period of substantial increase between 1986 and 1991. During the early 1980s, the rate declined slightly and reached a record low in 1986.[67]
- There are substantial racial and ethnic disparities in birth rates among young women ages 15 to 17. In 1997, the birth rate for this age group was 14 per 1,000 for Asians/Pacific Islanders, 19 for non-Hispanic whites, 45 for American Indians/Alaska Natives, 63 for non-Hispanic blacks, and 66 for Hispanics.[68-69]
- The birth rate for black females ages 15 to 17 dropped by more than one-quarter between 1991 and 1997, reversing the increase from 1986 to 1991. The birth rate for non-Hispanic white teens declined by a smaller margin than the rate for black teens during 1991-97. In contrast, the birth rate for Hispanics in this age group did not begin to decline until after 1994.
- In 1997, 87 percent of births to females ages 15 to 17 were births to unmarried mothers, compared with 62 percent in 1980.[70]
- While four-fifths of adolescent births are first births, the steepest decline in birth rates for ages 15-17 in the 1990s has been for second births to adolescents who have already had one child.[71]
- Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (POP6A). Birth rates for married teenagers have fallen sharply in the 1990s, but relatively few teenagers are married.[72]

Bullets contain references to data that can be found in Table HEALTH8 on page 91. Endnotes begin on page 59.

Indicators Needed

Health

National indicators in the areas noted below are not yet available because of the difficulty in defining and measuring the phenomena, particularly through survey research methods. Progress has been made, however, and in some areas, Federal surveys are undergoing improvements that will eventually lead to regular data that can be used for monitoring child well-being. The following health-related areas have been identified as priorities for indicator development by the Federal Interagency Forum on Child and Family Statistics:

- *Disability.* The Federal Interagency Forum on Child and Family Statistics established a subcommittee to develop an indicator on children with disabilities. This indicator is the "Special Feature" of this year's report (see p. 55), and is one possible measure of disability among children. An improved measure of disability among children that can be derived from regularly available data is still needed, and may emerge from continuing work of the subcommittee. Disability in children may involve chronic health conditions or limitations in mobility and physical movement, sensory and communicative ability, activities of daily living, or cognitive and mental health functions. Many definitions of disability are currently in use by policy-makers and researchers, but there is little agreement among them upon which components should be included, or how they are best measured. Parental or individual perceptions of limitations, the severity and impact of the limitation, and access to health care and services affect any estimate of disability among children.
- *Mental health.* The development of a global indicator of mental health is needed to estimate the number of children with mental, emotional, and behavioral problems. This indicator would take into account the child's age and sex and elicit valid responses from all racial, ethnic, and income groups. Several efforts are underway to develop such indicators, but these data will not be available until 2000.
- *Child abuse and neglect.* Also needed are regular, reliable estimates of the incidence of child abuse and neglect that are based on sample surveys rather than administrative records. Since administrative data are based on cases reported to authorities, it is likely that these data underestimate the magnitude of the problem. Estimates based on sample survey data, however, could potentially provide more accurate information if questions can be crafted that elicit the desired sensitive information.

Indicators of Children's Well-Being

Behavior and Social Environment Indicators

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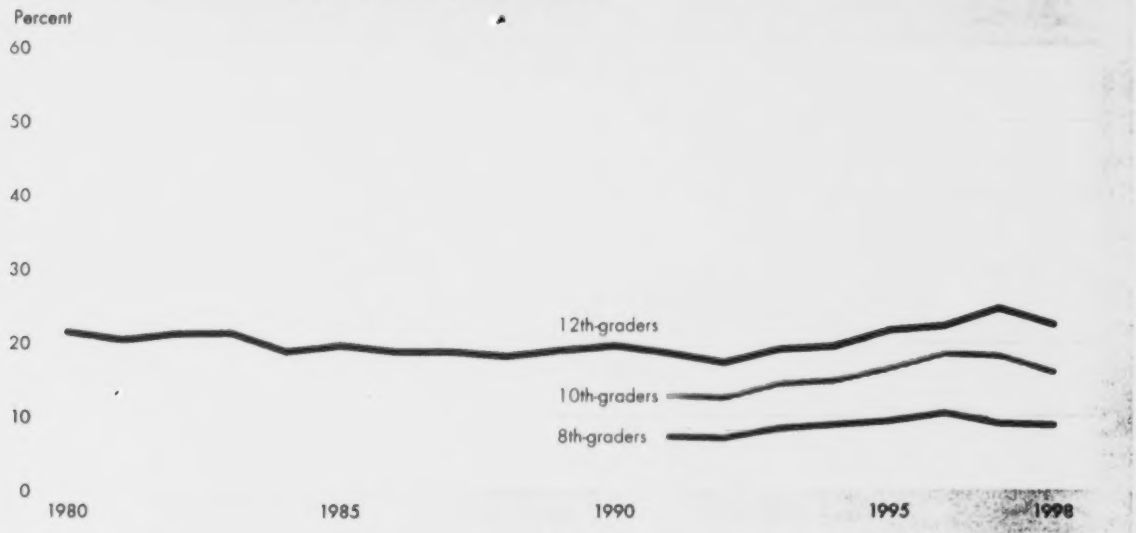
Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases, increased health care costs associated with treating these illnesses, and the risk of premature death.[73] Many adults who are addicted to tobacco today began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.[74] These consequences underscore the importance of studying patterns of smoking among adolescents.

Indicator BEH1 **Percentage of students who reported smoking cigarettes daily in the previous 30 days by school grade, 1980-98**



SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

- In 1998, 9 percent of 8th-graders, 16 percent of 10th-graders, and 22 percent of 12th-graders reported smoking cigarettes daily in the previous 30 days. Rates of daily smoking generally have increased since around 1992 for all three grades, but the 1998 data represent a significant decline from the previous year for 10th- and 12th-graders and no change for 8th-graders.
- Although daily smoking among 12th-graders has decreased from its recent high of 25 percent in 1997, the 1998 rate of 22 percent is still the second highest since 1979. Long-term trends for seniors show that daily smoking declined from 21 percent in 1980 to 17 percent in 1992 and has been higher in subsequent years.
- Females and males report similar rates of daily smoking. Eight percent of 8th-grade males smoke daily while 15 percent of 10th- and 23 percent of 12th-grade males do so. For females, rates are 9, 17, and 22 percent for 8th-, 10th-, and 12th-graders, respectively.
- Rates of smoking differ substantially between racial and ethnic groups. White students have the highest rate of smoking, followed by Hispanics, and then blacks. In 1998, 28 percent of white 12th-graders reported daily smoking, compared to 14 percent of Hispanics and 7 percent of blacks.

Bullets contain references to data that can be found in Table BEH1 on page 92. Endnotes begin on page 59.

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Alcohol Use

Alcohol is the most commonly used psychoactive substance during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences.[75] As a controlled substance, consumption of alcohol by adolescents is prohibited in most circumstances. Heavy drinking in adolescence may be especially problematic, potentially increasing the likelihood of negative outcomes.

Indicator BEH2 **Percentage of students who reported having five or more alcoholic beverages in a row in the last 2 weeks by grade, 1980-98**

SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

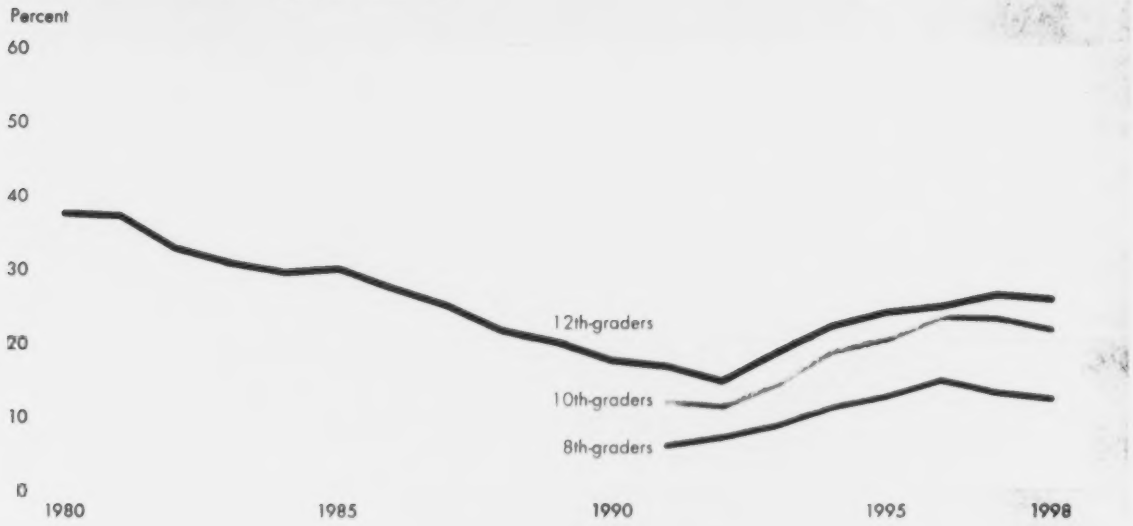
- In 1998, heavy drinking remained stable from 1997, with 32 percent of 12th-graders, 24 percent of 10th-graders, and 14 percent of 8th-graders reporting heavy drinking, i.e., having at least five drinks in a row in the previous 2 weeks.
- Long-term trends for seniors indicate a peak in 1981 when 41 percent reported heavy drinking. Between 1981 and 1993, the percentage of high school seniors reporting heavy drinking declined significantly to a low of 28 percent in 1993. Since 1993 the prevalence of this behavior rose to 32 percent in 1998.
- Among 10th- and 12th-graders, males are substantially more likely to drink heavily than are females. In 1998, 39 percent of 12th-grade males reported heavy drinking, compared to 24 percent of 12th-grade females. Among 10th-graders, 27 percent of males reported heavy drinking, compared to 22 percent of females. As adolescents get older, the differences between males and females in this drinking behavior become more pronounced.
- In contrast, for the youngest students surveyed, males and females are equally likely to report heavy alcohol use. Among 8th-graders in 1998, 14 percent of males and 13 percent of females reported heavy alcohol use.
- Heavy drinking appears to be much more likely among Hispanic and white secondary school students than among their black counterparts. For example, among 12th-graders, 12 percent of blacks reported heavy drinking compared to 36 percent of whites and 28 percent of Hispanics. Similarly, among 10th-graders, 13 percent of blacks reported heavy drinking, compared to 27 percent of whites and 26 percent of Hispanics.

Bullets contain references to data that can be found in Table BEH2 on page 93. Endnotes begin on page 59.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders to disability to death from heart attacks and strokes.[76] Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.[77] Hallucinogens can affect brain chemistry and result in problems with learning new information and memory.[78] Possession and/or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record. As is the case with alcohol use and smoking, drug use is a risk-taking behavior by adolescents that has serious negative consequences.

Indicator BEH3 **Percentage of students who have used illicit drugs in the previous 30 days by grade, 1980-98**



NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and non-medical use of psychotherapeutics.
SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

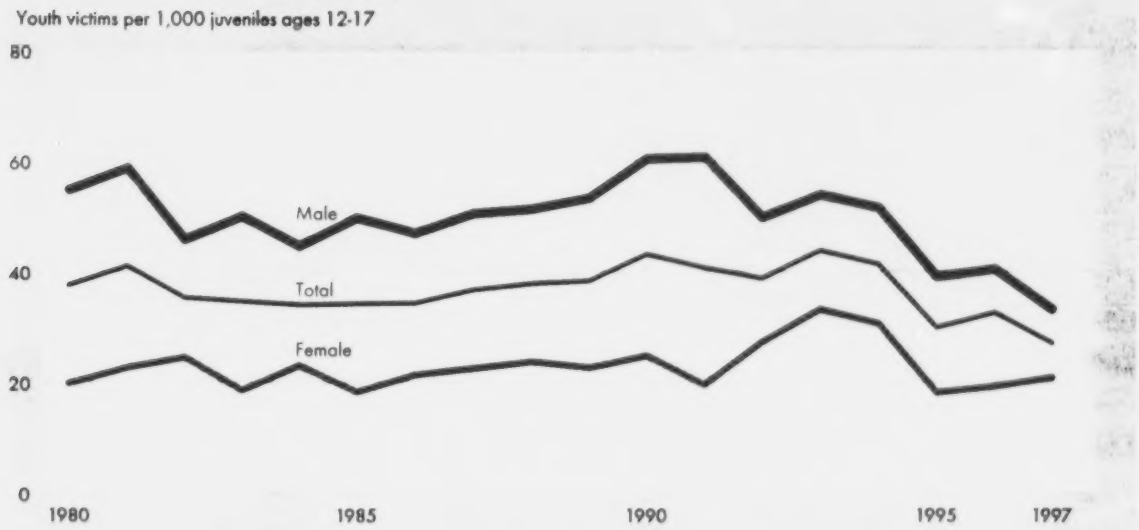
- The percentage of 8th-, 10th-, and 12th-graders reporting illicit drug use in the past 30 days remained stable between 1997 and 1998. In 1998, 26 percent of 12th-graders reported using illicit drugs in the previous 30 days, as did 22 percent of 10th-graders and 12 percent of 8th-graders.
- The percentage of students in each grade level reporting illicit drug use in the past 30 days increased substantially between 1992 and 1996—from 14 to 25 percent for 12th-graders; from 11 to 23 percent for 10th-graders; and from 7 to 15 percent for 8th-graders. Since 1996, rates have remained stable or have decreased.
- Long-term trends for seniors indicate that illicit drug use declined from 37 percent in 1980 to 14 percent in 1992. After 1992, rates began to rise sharply, reaching 26 percent in 1997 and remaining stable in 1998. (Data for 8th- and 10th-graders are not available before 1991.)
- Among 12th-graders, males are more likely to use illicit drugs than females. In 1998, 29 percent of male 12th-graders reported using illicit drugs, compared to 22 percent of females. For 8th-graders, however, males and females are equally likely to report the use of illicit drugs, with 12 percent of both groups reporting use in the last 30 days.
- Twenty-eight percent of white 12th-graders reported illicit drug use in 1998, compared to 19 percent of black and 24 percent of Hispanic 12th-graders. Among 10th-graders, 23 percent of whites, 16 percent of blacks, and 24 percent of Hispanics reported illicit drug use in the past 30 days, while for 8th-graders, the rates were 12 percent, 10 percent, and 16 percent, respectively.

Bullets contain references to data that can be found in Table BEH3 on page 94. Endnotes begin on page 59.

Youth Victims and Perpetrators of Serious Violent Crimes

Violence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, serious violence can adversely affect victims' mental health and development, and increase the likelihood that they themselves will commit acts of serious violence.[79] Youth ages 12 to 17 are nearly three times more likely than adults to be victims of serious violent crimes,[80] which include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide.

Indicator BEH4.A **Rate of serious violent crime victimization of youth ages 12 to 17 by gender, 1980-97**



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.
SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 1997, the rate at which youth were victims of serious violent crimes was 27 crimes per 1,000 juveniles ages 12 to 17 years old, totaling about 620,000 such crimes.
- The serious violent crime victimization rate fluctuated between 34 and 43 per 1,000 from 1980 to 1990, and peaked at 44 per 1,000 in 1993. Since 1993, the rate of serious violent crime against youth has decreased to 27 per 1,000 in 1997.
- Males are much more likely than females to be victims of serious violent crimes. In 1997, the serious violent crime victimization rate was 33 per 1,000 male youth, compared to 21 per 1,000 female youth.
- Younger teens (ages 12 to 14) are somewhat less likely than older teens (ages 15 to 17) to be victims of serious violent crimes. In 1997, the serious violent crime victimization rates were 24 per 1,000 for younger teens and 31 per 1,000 for older teens.

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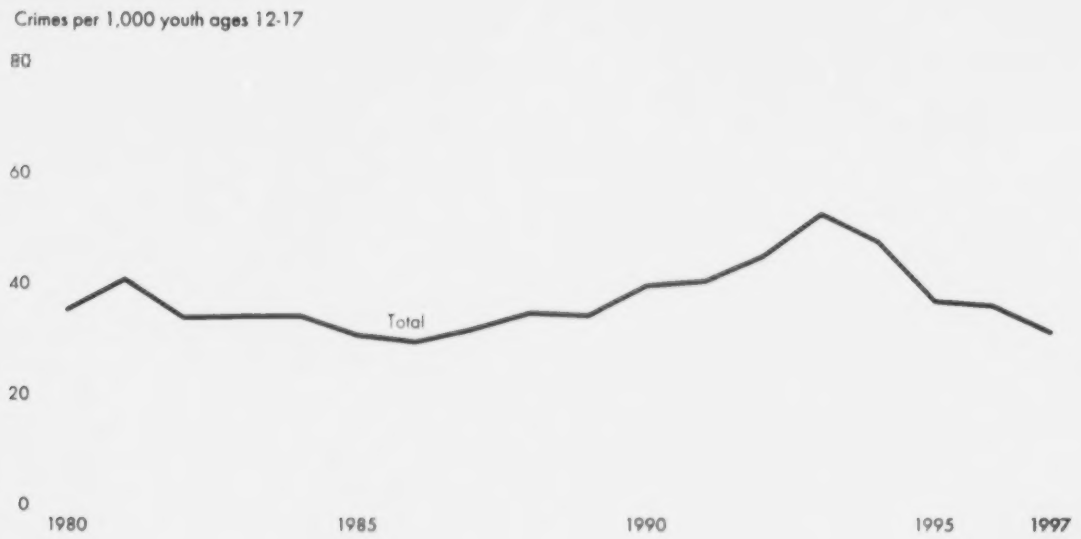
The level of youth violence in society can be viewed as an indicator of the collective failure on the part of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms and of youth to control their behavior. One measure of the serious violent crime committed by juveniles is the incidence rate of serious violent juvenile crime.

Indicator BEH4.B **Serious violent crime offending rate by youth ages 12 to 17, 1980-97**



NOTE: This rate is the ratio of the number of crimes (aggravated assault, rape, and robbery; i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey plus the number of homicides reported to police that involve at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.
SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 1997, the serious violent juvenile crime offending rate was 31 crimes per 1,000 juveniles ages 12 to 17 years old, totaling 706,000 such crimes involving juveniles.
- Between 1980 and 1989, the serious violent juvenile crime offending rate fluctuated between 29 and 40 per 1,000, and then began to increase from 34 per 1,000 in 1989 to a high of 52 per 1,000 in 1993. Since then, the rate has steadily dropped to 31 per 1,000 in 1997.
- Between 1980 and 1997, the percentage of all serious violent crime involving juveniles has ranged from 19 percent in 1982 to 26 percent in 1993, the peak year for youth violence. In 1997, 23 percent of all such victimizations involved a juvenile offender.
- In about half (53 percent) of all serious violent juvenile crimes, victims reported that more than one offender was involved in the incident.[81]

Because insufficient detail exists to determine the age of each individual offender when a crime is committed by more than one offender, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population, but rather the number of crimes committed involving juveniles 12 to 17 years old in relation to the juvenile population.

Bullets contain references to data that can be found in Tables BEH4.A and BEH4.B on pages 95 and 96. Endnotes begin on page 59.

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Indicators Needed

Behavior and Social Environment

A broader set of indicators than those presented in this section is needed to adequately monitor youth behaviors and their social environment. The following examples are high priorities for indicator development.

- *Indicators of positive behaviors.* The engagement of youth in positive activities and the formation of close attachments to family, school, and community have been linked to positive outcomes in research studies. Additional research needs to be conducted that strengthens our understanding of positive activities and the aspects of those activities that protect youth from risk. Then, regular sources of data that can be used to monitor trends in these important areas over time need to be developed. Examples of positive activities might include participation in extra-curricular activities such as school clubs and team sports, scouting, involvement with religious organizations, or volunteering at community organizations.
- *Neighborhood environment.* Research shows that growing up in distressed neighborhoods has an effect over and above that of individual or family background characteristics on child well-being. A survey is being developed that would, for the first time, enable the monitoring of America's communities and neighborhoods over time, and identify distressed neighborhoods in which children are living.
- *Youth violence.* The indicator on serious violent crime offending by youth in this report does not provide critical information on the number and characteristics of youthful offenders involved in serious crime. Additional work is needed to produce a more comprehensive and useful measure of the prevalence of violence among young people.

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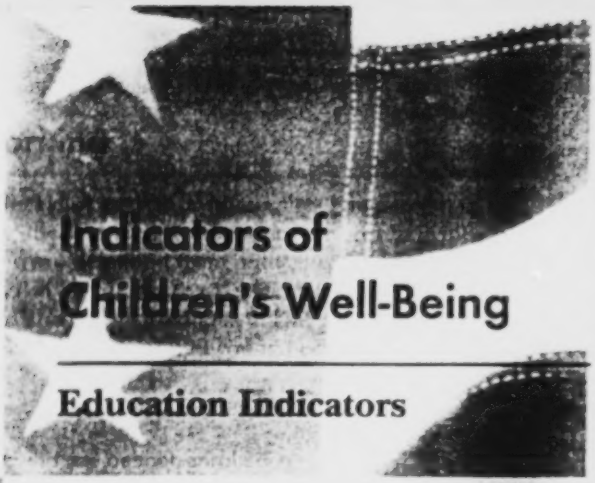

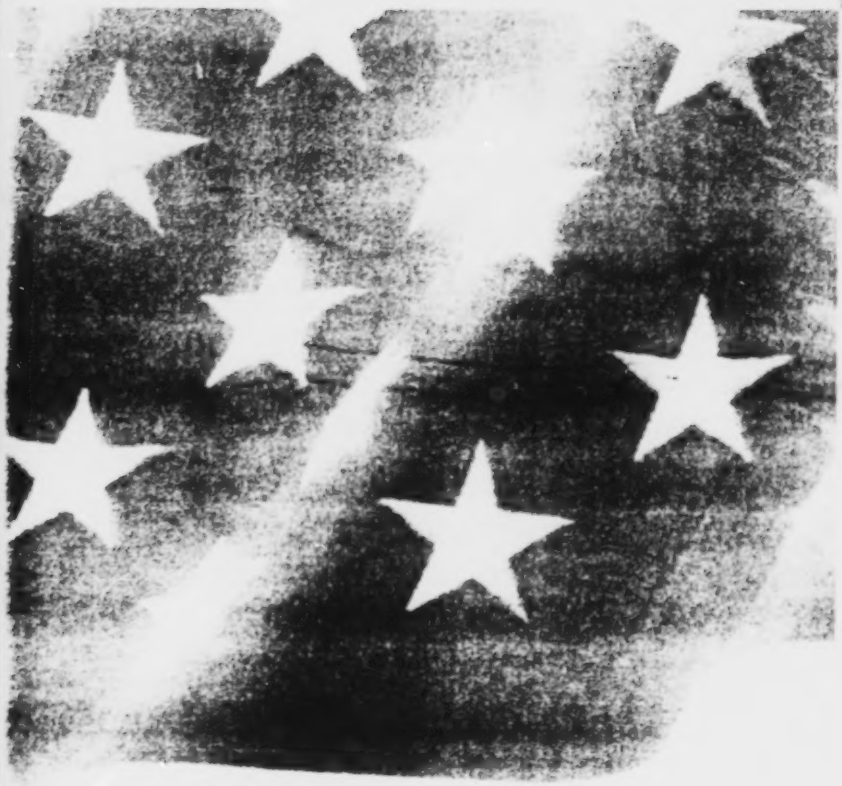

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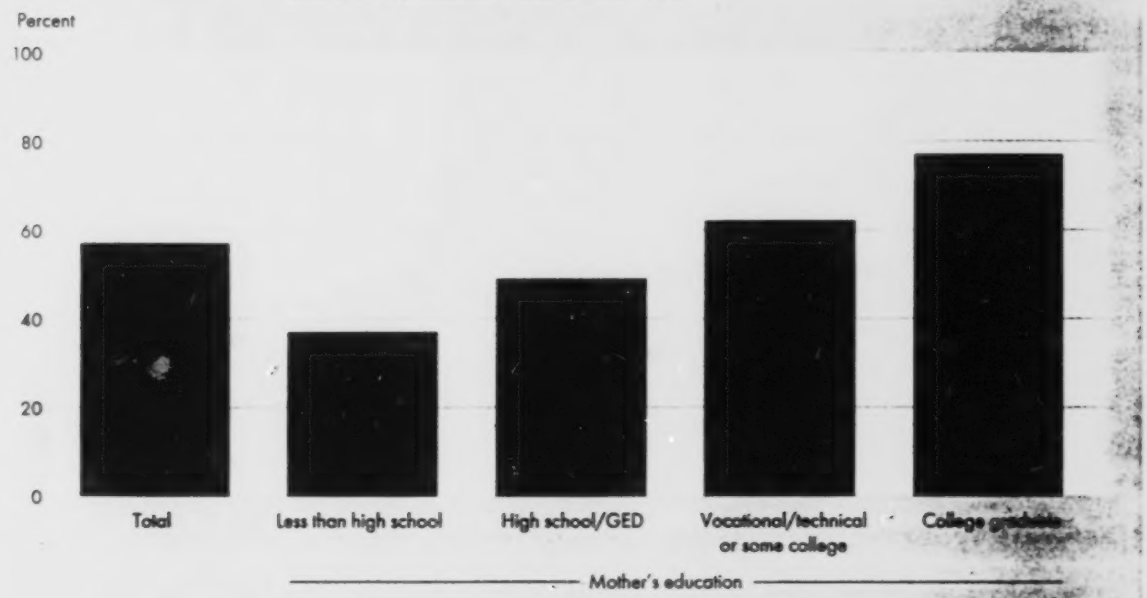
Family Reading to Young Children

Reading to young children promotes language acquisition and correlates with literacy development and, later on, with achievement in reading comprehension and overall success in school.[82] The percentage of young children read aloud to daily by a family member is one indicator of how well young children are prepared for school.

Indicator ED1 **Percentage of children ages 3 to 5 who were read to every day by a family member by mother's education, 1996**



NOTE: Estimates are based on children ages 3 to 5 who have yet to enter kindergarten.
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey, 1996.

- In 1996, 57 percent of children ages 3 to 5 were read aloud to by a family member every day in the last week, up slightly from 53 percent in 1993.
- As a mother's education increases, so does the likelihood that her child is read to every day. In 1996, about three-quarters (77 percent) of children whose mothers were college graduates were read aloud to every day. In comparison, daily reading aloud occurred for 62 percent of children whose mothers had some postsecondary education, 49 percent whose mothers had completed high school but had no education beyond that, and 37 percent whose mothers had not completed high school.
- White, non-Hispanic children are more likely to be read aloud to every day than either black, non-Hispanic or Hispanic children. Sixty-four percent of white, non-Hispanic children, 44 percent of black, non-Hispanic children, and 39 percent of Hispanic children were read to every day.
- Children in families with incomes below the poverty line are less likely to be read aloud to every day than are children in families with incomes at or above the poverty line. Forty-six percent of children in families in poverty were read to every day in 1996, compared to 61 percent of children in families at or above the poverty line.
- Children living with two parents are more likely to be read aloud to every day than are children who live with one or no parent. Sixty-one percent of children in two-parent households were read to every day in 1996, compared to 46 percent of children living with one or no parent.

Bullets contain references to data that can be found in Table ED1 on page 97. Endnotes begin on page 59.

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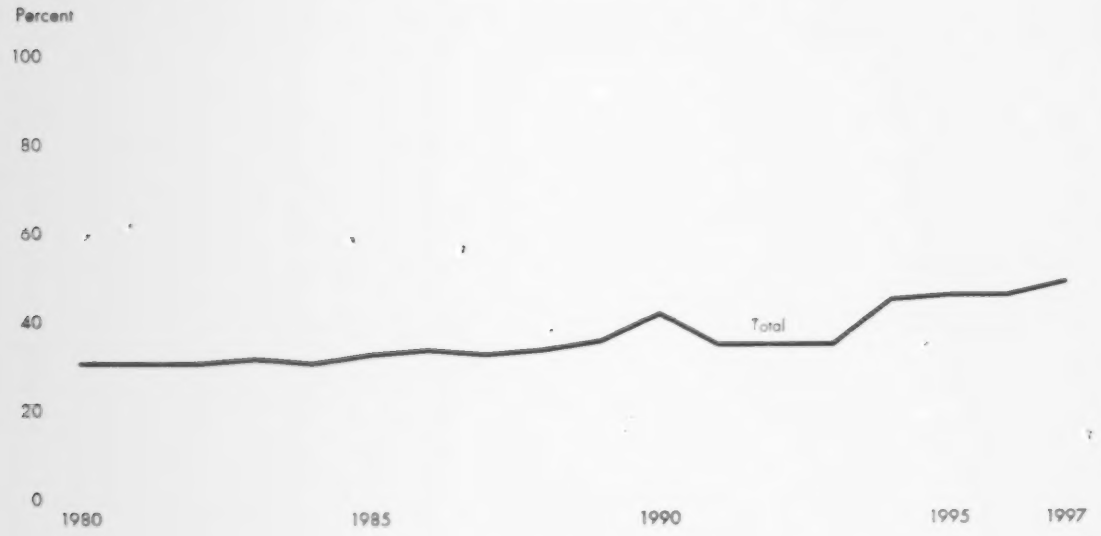
Early Childhood Education

Like family reading, participation in an early childhood education program can provide preschoolers with skills and enrichment that can increase their chances of success in school. Studies have demonstrated that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement, and long-term positive effects on low-income minority children's school completion.[53] Until a direct measure of preschoolers' cognitive, behavioral, and social skills is available for this monitoring report, this indirect indicator monitors the percentage of children who are exposed to potentially beneficial early childhood education.

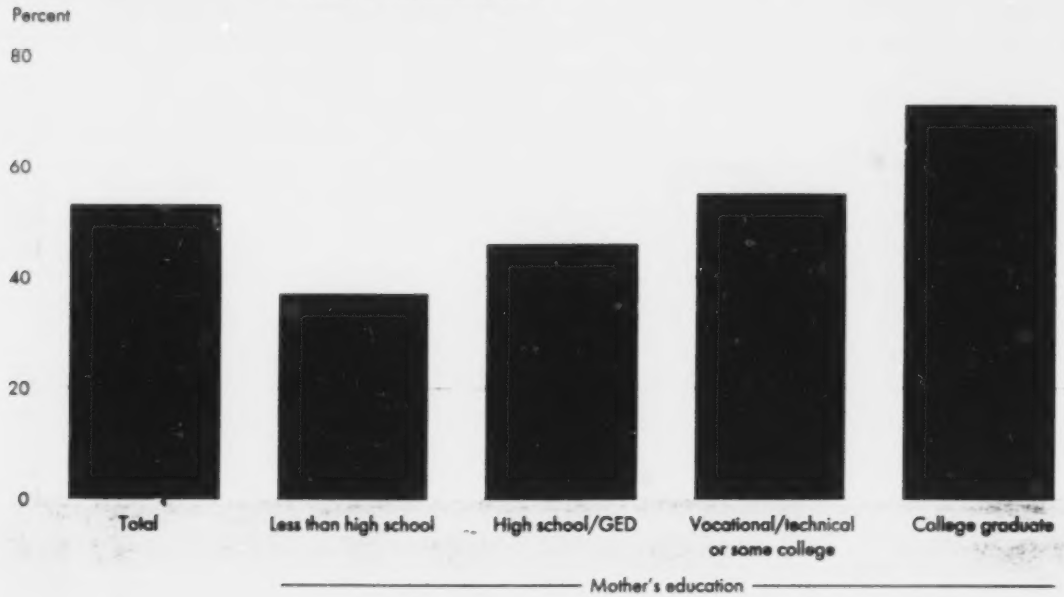
Indicator ED2.A **Percentage of children ages 3 to 4 who are enrolled in preschool, 1980-97**



NOTE: Data for 1990 and 1994-97 may not be comparable with other years because of changes in survey procedures. Estimates based on children who have yet to enter kindergarten.
SOURCE: U.S. Bureau of the Census, October Current Population Surveys. Tabulated by U.S. Department of Education, National Center for Education Statistics.

- In 1997, 48 percent of children ages 3 to 4 yet to enter kindergarten attended preschool, a substantial increase from the 30 percent who attended preschool in 1980, and an increase from 45 percent in 1996.
- Preschool attendance increased 10 percentage points among black, non-Hispanic children between 1996 and 1997—from 45 percent in 1996 to 55 percent in 1997. White, non-Hispanic children were also more likely to attend preschool in 1997 (52 percent) than in 1996 (48 percent). The percentage of Hispanic children attending preschool remained about the same in 1997 (31 percent) as it was in 1996 (33 percent).
- Preschool attendance increased among children living in poverty, from 34 percent in 1996 to 40 percent in 1997. Children not living in poverty had a smaller increase in preschool attendance—from 48 percent in 1996 to 51 percent in 1997.

Indicator ED2.B **Percentage of children ages 3 to 4 who are enrolled in early childhood centers by mother's education, 1996**



NOTE: Estimates based on children who have yet to enter kindergarten.
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey, 1996.

- When a broader group of early childhood programs are included (day care centers, nursery schools, preschool programs, Head Start programs, and prekindergarten programs), a larger percentage (53 percent) of children ages 3 to 4 yet to enter kindergarten attended one of several kinds of center-based early childhood programs in 1996.
- Children with more highly educated mothers are more likely to attend an early childhood center than others. Seventy-one percent of children whose mothers had completed college attended such programs in 1996, compared to 37 percent whose mothers had less than a high school education.
- Black, non-Hispanic children are somewhat more likely than white, non-Hispanic children and much more likely than Hispanic children to attend an early childhood center. In 1996, 63 percent of black, non-Hispanic children ages 3 to 4 attended such programs, compared to 54 percent of white, non-Hispanic children and 37 percent of Hispanic children.

Bullets contain references to data that can be found in Tables ED2.A and ED2.B on pages 98 and 99. Endnotes begin on page 59.

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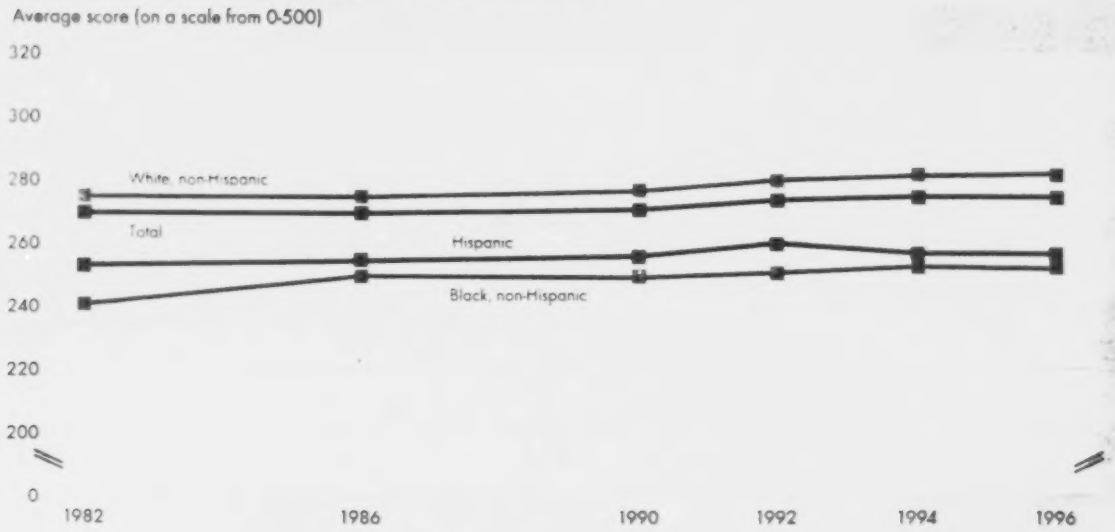
Mathematics and Reading Achievement

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market well beyond their earning of a degree or attending school for a given number of years. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[84] Mathematics and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress measures national trends in the academic performance of students at ages 9, 13, and 17.

Indicator ED3.A **Average mathematics scale scores for students age 13 by race and Hispanic origin, selected years 1982-96**



NOTE: Data are available for 1982, 1986, 1990, 1992, 1994, and 1996. The mathematics proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

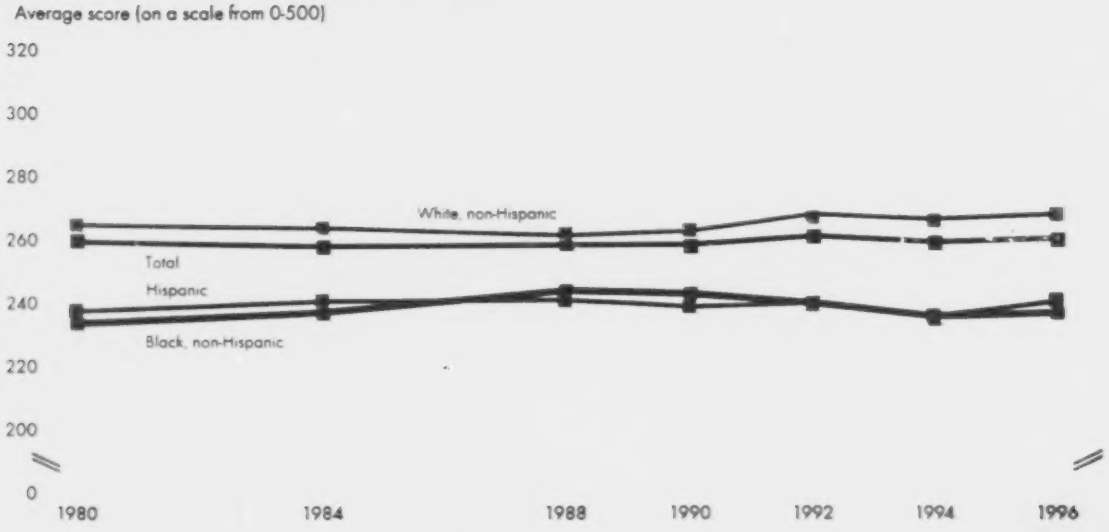
Level 150: Simple arithmetic facts
Level 200: Beginning skills and understandings
Level 250: Numerical operations and beginning problem solving
Level 300: Moderately complex procedures and reasoning
Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- Average math scores increased for all age groups between 1982 and 1996.
- Average reading scores have not improved among students ages 13 and 17 since 1980, and have declined slightly among 9-year-olds.

Indicator ED3.B

Average reading scale scores for students age 13 by race and Hispanic origin, selected years 1980-96



NOTE: Data are available for 1980, 1984, 1998, 1990, 1992, 1994, and 1996. The reading proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

- Level 150: Simple, discrete reading tasks
- Level 200: Partial skills and understanding
- Level 250: Interrelates ideas and makes generalizations
- Level 300: Understands complicated information
- Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- White, non-Hispanic students consistently have had higher reading and math scores than either black, non-Hispanic or Hispanic students at ages 9, 13, and 17. However, the gaps between non-Hispanic whites and non-Hispanic blacks and between non-Hispanic whites and Hispanics decreased in each subject in some age groups during the 1980s.
- On average, students at ages 13 and 17 whose parents have completed more years of school have higher reading and math scores than do their peers whose parents have had fewer years of education.[85]
- Girls have consistently higher reading scores than boys at all ages. Boys outperformed girls in math at all ages in 1996. For most years, the differences between boys and girls at ages 9 and 13 were not significant and boys slightly outperformed girls at age 17.

Bullets contain references to data that can be found in Tables ED3.A and ED3.B on pages 100 and 101. Endnotes begin on page 59.

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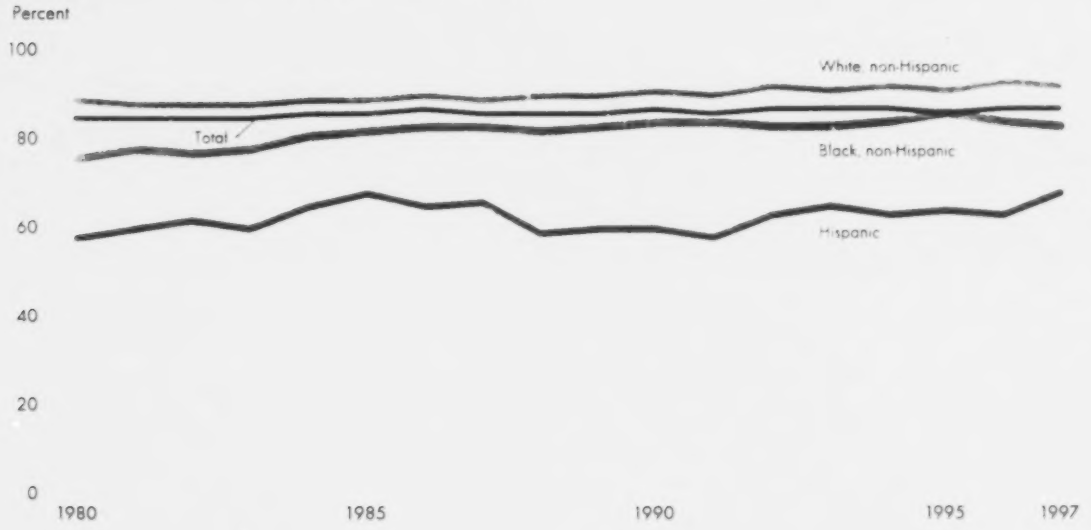
High School Completion

A high school diploma or its equivalent represents mastery of the basic reading, writing, and math skills a person needs to function in modern society. The percentage of young adults ages 18 to 24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs as well as higher education.

Indicator ED4 **Percentage of adults ages 18 to 24 who have completed high school by race and Hispanic origin, 1980-97**



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school.
SOURCE: U.S. Bureau of the Census, October Current Population Survey. Tabulated by U.S. Department of Education, National Center for Education Statistics.

- In 1997, 86 percent of young adults ages 18 to 24 who were not currently enrolled in high school had completed high school, either with a diploma or an alternative credential such as a General Education Development (GED) test. The high school completion rate has increased slightly since 1980, when it was 84 percent.
- The rate at which non-Hispanic blacks completed high school increased markedly between 1980 and 1990, from 75 percent to 83 percent, and has remained relatively stable since then. Among non-Hispanic whites, high school completion rates increased slightly, from 88 percent in 1980 to 91 percent in 1997.
- Hispanics consistently have lower high school completion rates than either non-Hispanic blacks or non-Hispanic whites, fluctuating between 57 percent (in 1980) and 67 percent (in 1985 and again in 1997).
- Most young adults (77 percent in 1997) complete high school by earning a regular high school diploma. Others complete high school by earning an alternative credential, such as the GED. The proportion of young adults ages 18 to 24 who had earned an alternative credential rose 5 percentage points in 3 years, from 5 percent in 1993 to 10 percent in 1996, while the proportion earning a regular diploma decreased about 5 percentage points over the same period.[56] Both stayed about the same in 1997 as in 1996.

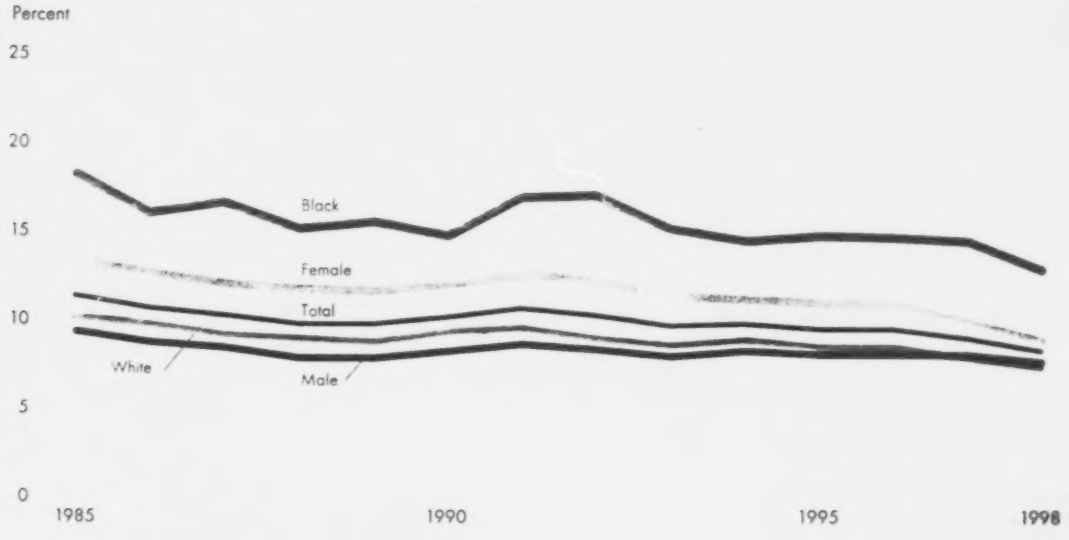
Bullets contain references to data that can be found in Table ED4 on page 102. Endnotes begin on page 59.

Youth Neither Enrolled in School Nor Working

The transition from adolescence to adulthood is a critical period in each individual's life. The percent of youth ages 16 to 19 who are neither in school nor working are detached from both of the core activities that usually occupy people during this critical period. Youth who are detached from both activities, particularly if this situation lasts for several years, are at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs.[87] The percentage of youth who are not enrolled in school and not working measures the proportion of young people who are in circumstances that may seriously limit their future prospects.

Indicator ED5

Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender and race, 1985-98



SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

- In 1998, about 8 percent of the Nation's 16- to 19-year-olds were neither enrolled in school nor working, a significant decrease from 9 percent in 1997.
- The proportion of youth neither enrolled nor working has been steadily declining since 1991, when it was 11 percent. Most of the decline in the proportion of youth neither enrolled nor working occurred among young women. In 1991, 13 percent of young women were neither in school nor working. By 1998, this proportion had decreased to 9 percent. Nevertheless, young women continue to be more likely to be detached from these activities than young men.
- Black youth are considerably more likely to be detached from these activities than white youth. In 1998, 13 percent of black youth were neither in school nor working, compared to 7 percent of white youth. In addition, 14 percent of Hispanic youth were neither in school nor working.
- The proportion of black youth who are neither enrolled in school nor working has decreased from 18 percent in 1985 to 13 percent in 1998.
- Older youth, ages 18 to 19, are three times more likely to be detached from these activities than youth ages 16 to 17. In 1998, 13 percent of youth ages 18 to 19 were neither enrolled in school nor working compared to 4 percent of youth ages 16 to 17.

Bullets contain references to data that can be found in Table ED5 on page 103. Endnotes begin on page 59.

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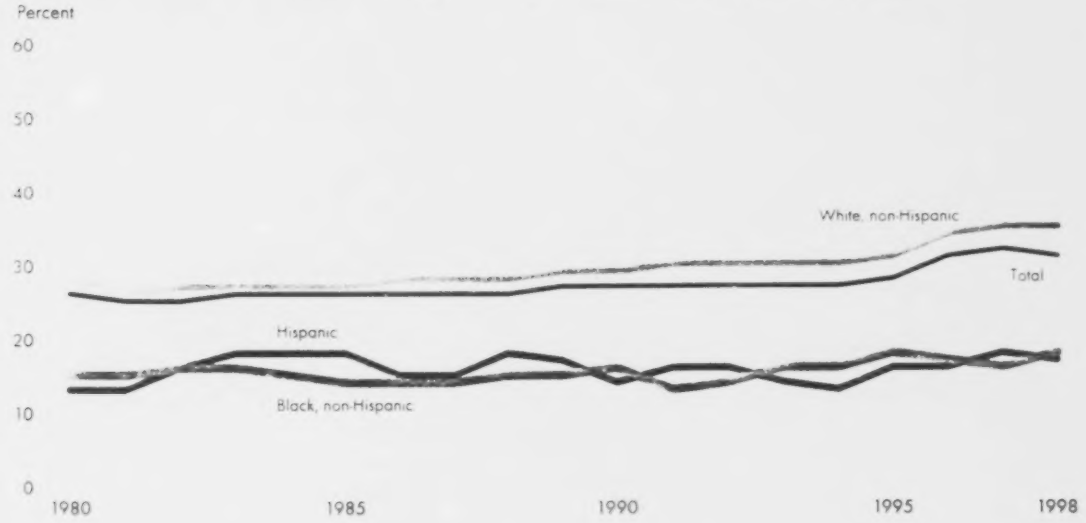
Higher Education

Higher education, especially completion of a bachelor's or more advanced degree, generally enhances a person's employment prospects and increases his or her earning potential.[88] The percentage of high school graduates who have completed a bachelor's degree is one measure of the percentage of young people who have successfully applied for and persisted through a program of higher education.

Indicator ED6

Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher by race and Hispanic origin, 1980-98



NOTE: Prior to 1992, this indicator was measured as completing "4 or more years of college" rather than the actual attainment of a bachelor's degree.
SOURCE: U.S. Bureau of the Census, March Current Population Survey. Tabulated by U.S. Department of Education, National Center for Education Statistics.

- In 1998, 31 percent of high school graduates ages 25 to 29 had earned a bachelor's or a higher degree.
- This percentage increased slightly between 1980 and 1995, from 26 to 28 percent, then increased 3 percentage points between 1995 and 1996 and has remained stable since then.
- White, non-Hispanic high school graduates ages 25 to 29 are more likely than either black, non-Hispanic or Hispanic high school graduates in the same age group to have earned a bachelor's degree. In 1998, 35 percent of white, non-Hispanic, 18 percent of black, non-Hispanic, and 17 percent of Hispanic high school graduates in this age group had earned a bachelor's degree or higher.
- In 1998, 10 percent of high school graduates ages 25 to 29 had earned an associate degree but not a bachelor's degree.
- In 1998, 10 percent of white, non-Hispanic high school graduates ages 25 to 29 had associate degrees as their highest degree, as did 8 percent of black, non-Hispanic and 9 percent of Hispanic high school graduates in this age group.
- Racial group differences in rates of enrollment in college are smaller than differences in rates of degree attainment. In 1996, 45 percent of white, non-Hispanic high school graduates ages 18 to 24 were enrolled in college, compared to 36 percent of non-Hispanic blacks and 34 percent of Hispanics.[89]

Bullets contain references to data that can be found in Table ED6 on page 104. Endnotes begin on page 59.

Indicators Needed

Education

Education indicators are needed in two areas that have been found to be critical to a child's development and life chances:

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data that can be used to monitor specific social, intellectual, and emotional skills of preschoolers over time is needed. By late 1999, a one-time data collection will provide information on the skills found among incoming kindergartners.
- *Course-taking.* Taking higher level courses in middle and high school is linked to higher achievement in those subjects, and to academic opportunity in a student's future academic career. Yet data on student course-taking behavior in middle school are not regularly available. A transcript study of middle school is needed, as is more research on which courses are most predictive of educational opportunity.

Indicators of Children's Well-Being

Special Feature

For some important measures of children's well-being, data are not collected on a regular basis. This section presents one such indicator, which has data for only one time period.

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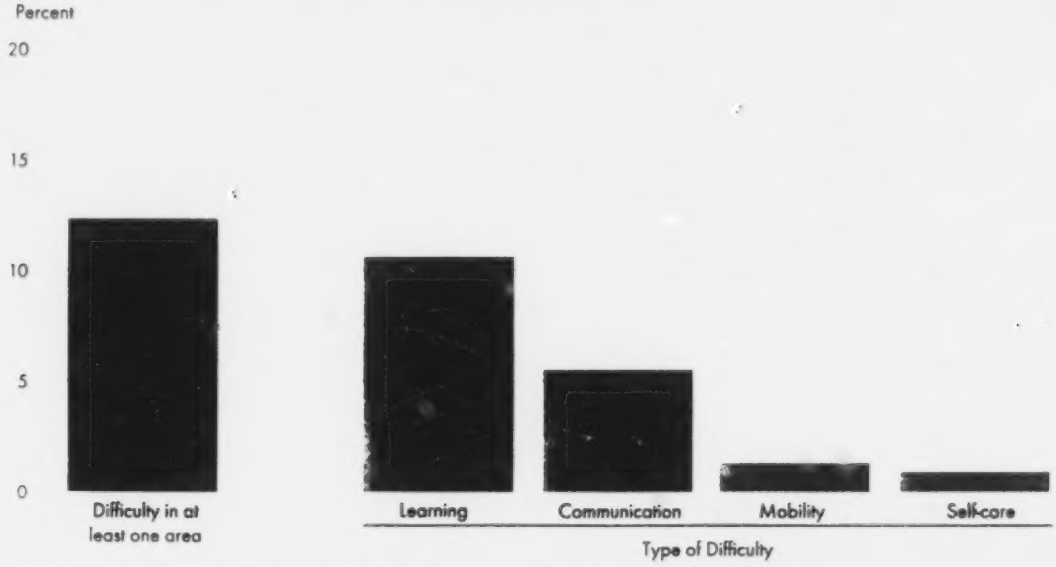
Children Who Have Difficulty Performing Everyday Activities

There are a substantial number of children with long-term conditions or problems affecting their ability to perform everyday activities such as eating, dressing, walking, communicating, and understanding school work. Children who have difficulty performing everyday activities have disproportionately high use of the health care system, and many receive special services at school. The number of children needing assistance is not decreasing; for example, the percent of children served by public school programs for children with disabilities has increased in recent years.[90, 91] The number of children identified as having such difficulties may be influenced both by childhood illnesses, injuries, and low birthweight, as well as by the increased ability of service providers to identify children who have special needs.[92, 93, 94] Medical treatment, rehabilitation, and other programs and services that remove barriers and facilitate access also may influence whether limitations in physical and mental abilities translate into difficulties performing everyday tasks. The following chart presents four measures of children's ability to perform everyday activities: learning, communication, mobility, and self-care, for children ages 5 through 17. A measure of the total number of children with problems in one or more of these areas is also included.

Indicator SPECIAL1.A **Percentage of children ages 5 to 17 who have difficulty performing everyday activities by type of difficulty, 1994**



NOTE: Definitions for each of the four types of difficulties are provided in the note on page 105.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey on Disability.

- Overall, 12.3 percent of non-institutionalized children ages 5 to 17 have difficulty performing one or more everyday activities.
- The most common of these four types of limitations was having difficulty with learning. In 1994, 10.6 percent of children were identified as having a limitation in learning, while 5.5 percent had a limitation in their ability to communicate.
- Relatively small proportions of children have mobility or self-care limitations. These disabilities can be among the most expensive to manage and the most limiting. About 1.3 percent of children had mobility limitations and 0.9 percent had self-care limitations.
- Boys are more likely than girls to have difficulty performing each of the four types of everyday activities. Overall, 16 percent of boys have difficulty in at least one area compared with 9 percent of girls.

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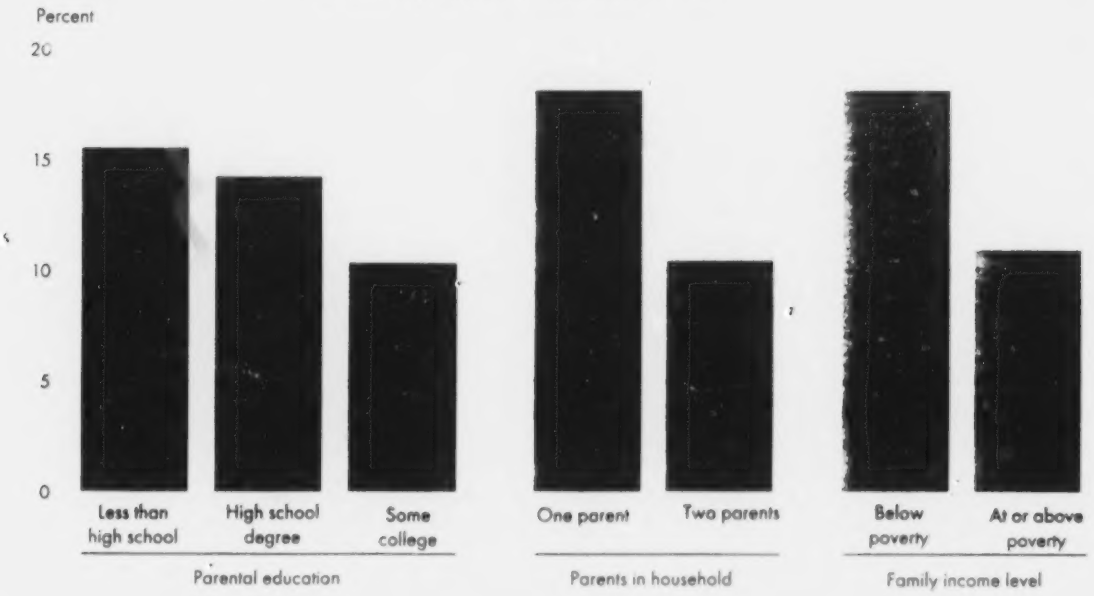
A child's difficulty in performing one or more everyday activities is associated with his or her family's socioeconomic circumstances. The socioeconomic status among families of children with difficulties performing everyday activities may impact the equipment available or services these children receive. The following chart shows the percent of children in different socioeconomic groups who have problems in everyday activities.

Indicator SPECIAL1.B **Percentage of children ages 5 to 17 who have difficulty performing everyday activities by socioeconomic status, 1994**



NOTE: Parental education is defined as the highest education of an adult in the family.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey on Disability.

- Children in families with lower socioeconomic status were more likely than children in families with higher socioeconomic status to have difficulty performing everyday activities.
- In households where neither parent was a high school graduate, 15.5 percent of children had difficulty performing everyday activities, compared with 10.3 percent of children who had at least one parent with some college education.
- Children in single-parent households were substantially more likely to have difficulty performing everyday activities than children in families where both parents were present: 18.1 versus 10.4 percent, respectively.
- In families with incomes below the poverty level, 18.1 percent of children had difficulty performing everyday activities, compared with 10.9 percent in families at or above the poverty level.
- Children in families who have more than one of these characteristics—neither parent graduated from high school, family income below the poverty level, or single parent family—are more likely to have difficulties with everyday tasks compared to other children.[15]

Bullets contain references to data that can be found in Table SPECIAL1 on page 105. Endnotes begin on page 59.

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Notes to Indicators

[1] Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English- speaking ability of sample children in the 1980s.

[2] The majority of children who lived with neither of their parents are living with grandparents or other relatives. Some live with foster parents or other non-relatives.

[3] U.S. Department of Health and Human Services. (1995). *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[4] McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[5] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports 47* (18). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics 53,* (Series 21). Hyattsville, MD: National Center for Health Statistics.

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[9] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics, 53* (Series 21). Hyattsville, MD: National Center for Health Statistics.

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[11] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics, 53* (Series 21). Hyattsville, MD: National Center for Health Statistics.

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[13] The *birth rate for unmarried women* is the number of births per 1,000 unmarried women in a given age group, for example 20-24 years. It is not affected by differences in the number of women between groups. The *percentage of all births that are to unmarried women* is determined by the birth rate for married women (who account for two-thirds of all births), the birth rate for unmarried women (who account for one-third of all births), and the proportion of women in the childbearing ages who are unmarried. The percentage has increased in recent years, despite small declines in the birth rate for unmarried women, because the birth rate for married women has dropped and the proportion of women unmarried has increased.

[14] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics.

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[16] Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics* (Series 21, No. 53). Hyattsville, MD: National Center for Health Statistics.

[17] U.S. Bureau of the Census. Marital status and living arrangements (annual reports). Current Population Reports (Series P-20). (Beginning in 1995, reports are available on the Census Bureau web site.)

[18] Ventura, S.J., Martin, J.A., Curtin, S.C. and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics.

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[22] Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics* (Series 21, No. 53). Hyattsville, MD: National Center for Health Statistics.

[23] U.S. Bureau of the Census. Marital status and living arrangements (annual reports). *Current Population Reports* (Series P-20). (Beginning in 1995, reports are available on the Census Bureau web site.)

[24] Duncan, G. and Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor.* New York: Russell Sage Press.

[25] An, C., Haveman, R., and Wolfe, B. (1993). Teen out-of-wedlock births and welfare receipt: The role of childhood events and economic circumstances. *Review of Economics and Statistics, 75* (2), 195-208.

[26] Duncan, G. and Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor.* New York: Russell Sage Press.

[27] The child poverty rate for 1981 was 19.5.

[28] These income categories are similar to those used in the *Economic Report of the President.* (1998). A similar approach is found in Hernandez, D. (1993). *America's Children,* except that Hernandez uses the relationship to median income to define his categories. For either method, the income categories for the medium and high income are at similar levels of median family income.

[29] Mayer, S.E. (1997). Income, employment and the support of children; and Smith, J.R., Brooks-Gunn, J., and Jackson, A.P. (1997). Parental employment and children. In Hauser, R.M., Brown, B.V., and Prosser, W. (Eds.). *Indicators of Children's Well-Being.* New York: Russell Sage Press.

[30] Kaufman, T. (1996). *Housing America's future: Children at risk.* Washington, DC: National Low-Income Housing Coalition.

[31] The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.

[32] Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. National Academy of Sciences. (1995). *Measuring poverty: A new approach.* Washington, DC: National Academy Press.

[33] Income-eligible families who report either severe housing cost burdens or severe physical problems with their housing are considered by the U.S. Department of Housing and Urban Development to have "priority" housing problems.

[34] "Very-low-income renters" are renter households with incomes at or below half the median income in their geographic area.

[35] Life Sciences Research Office and American Institute of Nutrition. (1990). *Core indicators of nutritional state for difficult to sample populations.* Bethesda, MD: Life Sciences Research Office and American Institute of Nutrition.

[36] For additional results and more details on the Healthy Eating Index and how it is computed, see: Bowman, S.A., Lino, M., Gerrior, S.A., and Basiotis, P.P. (1998). *The Healthy Eating Index: 1994-96.* U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. (CNPP-5). Available at http://www.usda.gov/cnpp.

[37] Public health insurance includes Medicaid, Medicare, and CHAMPUS/Tricare.

[38] The percentages of children covered by public and private insurance in 1997 do not add up to 85 percent (the percentage of all children covered by health insurance), because some children have both public and private insurance.

[39] Green, M. (Ed.). (1994). *Bright futures: Guidelines for health supervision of infants, children, and adolescents.* Arlington, VA: National Center for Education in Maternal and Child Health.

[40] Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics, 10* (Series 196). Hyattsville, MD: National Center for Health Statistics.

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[43] Unpublished NCHS estimates.

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[46] MacDorman, M.F. and Atkinson, J.O. (1998). Infant mortality statistics from the 1996 period linked birth/infant death data set. *Monthly Vital Statistics Report, 46* (12, Supplement). Hyattsville, MD: National Center for Health Statistics.

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[49] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics.

[50] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1998). Report of final natality statistics, 1996. *Monthly Vital Statistics Report, 46* (11, Supplement). Hyattsville, MD: National Center for Health Statistics.

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[52] Martin, J.A. and Taffel, S.M. (1995). Current and future impact of rising multiple birth ratios on low birthweight. *Statistical Bulletin, 76* (2). New York, NY: Metropolitan Life Insurance Company.

[53] Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics.

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Appendix A: Detailed Tables

Tables include data from 1980, 1985, and 1990-98 where available. Data from intervening years are available on the Forum's web site at: http://childstats.gov

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Table POP1

Number of children under age 18 in the United States by age, selected years 1950-98 and projected 2000-2020

Age group	1950	1960	1970	1980	1990	1991	1992	1993	1994	1995	1996	1997	1998	Projected 2000	2010	2020
All children	47.3	64.5	69.8	63.7	64.2	65.1	66.1	67.0	67.9	68.5	69.1	69.6	69.9	70.8	72.5	77.6
Age group																
Ages 0-5	19.1	24.3	20.9	19.6	22.5	22.9	23.2	23.4	23.6	23.6	23.3	23.1	22.9	22.9	23.9	26.4
Ages 6-11	15.3	21.8	24.6	20.8	21.6	21.9	22.0	22.2	22.4	22.6	23.0	23.4	23.7	24.3	23.6	25.8
Ages 12-17	12.9	18.4	24.3	23.3	20.1	20.4	20.9	21.4	22.0	22.4	22.7	23.0	23.2	23.6	25.0	25.4

SOURCE: U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 311, *Estimates of the Population of the United States by Single Years of Age, Color, and Sex: 1900 to 1959*; Series P-25, No. 519, *Estimates of the Population of the United States, by Age, Sex, and Race: April 1, 1960, to July 1, 1973*; Series P-25, No. 917, *Preliminary Estimates of the Population of the United States by Age, Sex, and Race: 1970 to 1981*; Series P-25, No. 1130, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*; and unpublished estimates tables for 1980-98 that are available on the Census Bureau web site.

Table POP2

Persons in selected age groups as a percentage of the total U.S. population, and children under age 18 as a percentage of the dependent population, selected years 1950-98 and projected 2000-2020

Age group	1950	1960	1970	1980	1990	1991	1992	1993	1994	1995	1996	1997	1998	Projected 2000	2010	2020
Percent of total																
Ages 0-17	31	36	34	28	26	26	26	26	26	26	26	26	26	26	24	24
Ages 18-64	61	55	56	61	62	62	61	61	61	61	61	61	61	62	62	59
Ages 65+	8	9	10	11	13	13	13	13	13	13	13	13	13	13	13	16
Total, all ages	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Percent of dependent population[a]																
Ages 0-17	79	79	78	71	67	67	67	67	67	67	67	67	67	67	65	59

[a] The dependent population includes all persons ages 17 and under, and 65 and over.

SOURCE: U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 311, *Estimates of the Population of the United States by Single Years of Age, Color, and Sex: 1900 to 1959*; Series P-25, No. 519, *Estimates of the Population of the United States, by Age, Sex, and Race: April 1, 1960 to July 1, 1973*; Series P-25, No. 917, *Preliminary Estimates of the Population of the United States by Age, Sex, and Race: 1970 to 1981*; Series P-25, No. 1130, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*; and unpublished estimates tables for 1980-98 that are available on the Census Bureau web site.

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Table POP3 **Racial and ethnic composition: Percentage of U.S. children under age 18 by race and Hispanic origin, selected years 1980-98 and projected 2000-2020**

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	Projected 2000	2010	2020
White, non-Hispanic	74	72	69	68	68	67	67	67	66	66	65	64	59	55
Black, non-Hispanic	15	15	15	15	15	15	15	15	15	15	15	15	16	16
Hispanic[a]	9	10	12	13	13	13	14	14	14	15	15	16	19	22
Asian/Pacific Islander[b]	2	3	3	3	3	3	4	4	4	4	4	4	6	6
American Indian/Alaska Native[b]	1	1	1	1	1	1	1	1	1	1	1	1	1	1

[a] Persons of Hispanic origin may be of any race.

[b] Excludes persons in this race group who are of Hispanic origin.

SOURCE: U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 311, *Estimates of the Population of the United States by Single Years of Age, Color, and Sex: 1900 to 1959*; Series P-25, No. 519, *Estimates of the Population of the United States, by Age, Sex, and Race: April 1, 1960 to July 1, 1973*; Series P-25, No. 917, *Preliminary Estimates of the Population of the United States by Age, Sex, and Race: 1970 to 1981*; Series P-25, No. 1130, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*; and unpublished estimates tables for 1980-98 that are available on the Census Bureau web site.

Table POP4 Difficulty speaking English: Children ages 5 to 17 who speak a language other than English at home, and who are reported to have difficulty speaking English[a] by race, Hispanic origin, and region, selected years 1979-95

Characteristic	1979	1989	1992	1995[b]
Children who speak another language at home				
Number (in millions)	3.8	5.3	6.4	6.7
Percent of children ages 5-17	8.5	12.6	14.2	14.1
Race and Hispanic origin				
White, non-Hispanic	3.2	3.5	3.7	3.6
Black, non-Hispanic	1.3	2.4	4.2	3.0
Hispanic[c]	75.1	71.2	76.6	73.9
Other, non-Hispanic[d]	44.1	53.4	58.3	45.5
Region[e]				
Northeast	10.5	13.5	16.2	15.1
Midwest	3.7	4.9	5.6	5.9
South	6.8	10.7	11.1	11.7
West	17.0	24.2	27.2	26.4
Children who speak another language at home and have difficulty speaking English				
Number (in millions)	1.3	1.9	2.2	2.4
Percent of children ages 5-17	2.8	4.4	4.9	5.1
Race and Hispanic origin				
White, non-Hispanic	0.5	0.8	0.6	0.7
Black, non-Hispanic	0.3	0.5	1.3	0.9
Hispanic[c]	28.7	27.4	29.9	31.0
Other, non-Hispanic[d]	19.8	20.4	21.0	14.1
Region[e]				
Northeast	2.9	4.8	5.3	5.0
Midwest	1.1	1.3	1.6	2.3
South	2.2	3.8	3.5	3.4
West	6.5	8.8	10.4	11.4

[a] Respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English speaking ability of a sample of the children in the 1980s.

[b] Numbers in these years may reflect changes in Current Population Survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[c] Persons of Hispanic origin may be of any race.

[d] Most in this category are Asians/Pacific Islanders, but American Indian/Alaska Native children also are included.

[e] Regions: **Northeast** includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. **Midwest** includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. **South** includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. **West** includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

NOTE: The data for racial and ethnic groups may differ slightly from those published in 1998 due to a change in programming. All nonresponses to the language questions are excluded from the tabulations.

SOURCE: U.S. Bureau of the Census, October (1992 and 1995) and November (1979 and 1989) Current Population Surveys. Tabulated by the National Center for Education Statistics.

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Table POP5

Family structure: Percentage of children under age 18 by presence of parents in household, race, and Hispanic origin, selected years 1980-98

Race and family type	1980	1985	1990	1991	1992	1993	1994[a]	1995[a]	1996[a]	1997[a]	1998[a]
Total											
Two parents[b]	77	74	73	72	71	71	69	69	68	68	68
Mother only[c]	18	21	22	22	23	23	23	23	24	24	23
Father only[c]	2	2	3	3	3	3	3	4	4	4	4
No parent	4	3	3	3	3	3	4	4	4	4	4
White, non-Hispanic											
Two parents[b]	—	—	81	80	79	79	79	78	77	77	76
Mother only[c]	—	—	15	15	16	16	16	16	16	17	16
Father only[c]	—	—	3	3	3	3	3	3	4	4	5
No parent	—	—	2	2	1	1	3	3	3	3	3
Black											
Two parents[b]	42	39	38	36	36	36	33	33	33	35	36
Mother only[c]	44	51	51	54	54	54	53	52	53	52	51
Father only[c]	2	3	4	4	3	3	4	4	4	5	4
No parent	12	7	8	7	7	7	10	11	9	8	9
Hispanic[d]											
Two parents[b]	75	68	67	66	65	65	63	63	62	64	64
Mother only[c]	20	27	27	27	28	28	28	28	29	27	27
Father only[c]	2	2	3	3	4	4	4	4	4	4	4
No parent	3	3	3	4	3	4	5	4	5	5	5

— = not available

[a] Numbers in these years may reflect changes in the Current Population Survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[b] Excludes families where parents are not living as a married couple.

[c] Includes some families where both parents are present in the household, but living as unmarried partners.

[d] Persons of Hispanic origin may be of any race.

NOTE: Family structure refers to the presence of biological, adoptive, and stepparents in the child's household. Thus, a child with a biological mother and stepfather living in the household is said to have two parents.

SOURCE: U.S. Bureau of the Census, Current Population Reports, Marital Status and Living Arrangements, annual reports. (Beginning in 1995, detailed tables are available on the Census Bureau web site.)

Table POP6.A Birth rates for unmarried women by age of mother, selected years 1980-97

(Births per 1,000 unmarried women in specific age group)

Age of mother	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Total ages 15-44	29.4	32.8	43.8	45.2	45.2	45.3	46.9	45.1	44.8	44.0
Age group										
Ages 15-17	20.6	22.4	29.6	30.9	30.4	30.6	32.0	30.5	29.0	28.2
Ages 18-19	39.0	45.9	60.7	65.7	67.3	66.9	70.1	67.6	65.9	65.2
Ages 20-24	40.9	46.5	65.1	68.0	68.5	69.2	72.2	70.3	70.7	71.0
Ages 25-29	34.0	39.9	56.0	56.5	56.5	57.1	59.0	56.1	56.8	56.2
Ages 30-34	21.1	25.2	37.6	38.1	37.9	38.5	40.1	39.6	41.1	39.0
Ages 35-39	9.7	11.6	17.3	18.0	18.8	19.0	19.8	19.5	20.1	19.0
Ages 40-44	2.6	2.5	3.6	3.8	4.1	4.4	4.7	4.7	4.8	4.6

NOTE: Nonmarital birth rates for 1989-1993 are somewhat understated because births to unmarried women were substantially underreported in Michigan and Texas; data since 1994 have been reported on a complete basis. Thus, the overall increase in nonmarital birth rates between 1980 and 1994 is accurately recorded here. However, the rates for 1989-1993 if computed on the basis of complete data would have been higher than the rates shown here, and the peak years for the rates would have occurred in the early 1990s rather than in 1994. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1996). Advance report of final natality statistics, 1994. *Monthly Vital Statistics Report, 44* (11, Supplement). Hyattsville, MD: National Center for Health Statistics.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1998). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics.

Table POP6.B Percentage of all births that are to unmarried women in a given age group by age of mother, selected years 1980-97

Age of mother	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
All ages	18.4	22.0	28.0	29.5	30.1	31.0	32.6	32.2	32.4	32.4
Age group										
Under age 15	88.7	91.8	91.6	91.3	91.3	91.3	94.5	93.5	93.8	95.7
Ages 15-17	61.5	70.9	77.7	78.7	79.2	79.9	84.1	83.7	84.4	86.7
Ages 18-19	39.8	50.7	61.3	63.2	64.6	66.1	70.0	69.8	70.8	72.5
Ages 20-24	19.3	26.3	36.9	39.4	40.7	42.2	44.9	44.7	45.6	46.6
Ages 25-29	9.0	12.7	18.0	19.2	19.8	20.7	21.8	21.5	22.0	22.0
Ages 30-34	7.4	9.7	13.3	14.0	14.3	14.7	15.1	14.7	14.8	14.1
Ages 35-39	9.4	11.2	13.9	14.6	15.2	15.6	16.1	15.7	15.7	14.6
Ages 40 and older	12.1	14.0	17.0	17.4	17.7	18.1	18.7	18.1	18.4	17.1

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital Health Statistics, Series 21* (53). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J. (1998). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics.

Table ECON1.A Child poverty: Percentage of related children under age 18 living below selected poverty levels by age, family structure, race, and Hispanic origin, selected years 1980-97

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Under 100 percent of poverty										
Children in all families[a]										
Related children	18	20	20	21	22	22	21	20	20	19
White, non-Hispanic	—	—	12	12	12	13	12	11	10	11
Black	42	43	44	46	46	46	43	42	40	37
Hispanic[b]	33	40	38	40	39	40	41	39	40	36
Related children under age 6	20	23	23	24	26	26	25	24	23	22
Related children ages 6-17	17	19	18	20	19	20	20	18	18	18
Children in married-couple families										
Related children	—	—	10	11	11	12	11	10	10	10
White, non-Hispanic	—	—	7	7	7	8	7	6	5	5
Black	—	—	18	15	18	18	15	13	14	13
Hispanic[b]	—	—	27	29	29	30	30	28	29	26
Related children under age 6	—	—	12	12	13	13	12	11	12	11
Related children ages 6-17	—	—	10	10	10	11	10	9	9	9
Children in female-householder families, no husband present										
Related children	51	54	53	56	55	54	53	50	49	49
White, non-Hispanic	—	—	40	41	40	39	38	34	35	37
Black	65	67	65	68	67	66	63	62	58	55
Hispanic[b]	65	72	68	69	66	66	68	66	67	63
Related children under age 6	65	66	66	66	66	64	64	62	59	59
Related children ages 6-17	46	48	47	50	49	49	47	45	45	45
Under 50 percent of poverty										
Children in all families										
Related children	7	8	8	9	10	10	9	8	8	8
White, non-Hispanic	—	—	4	5	5	5	4	3	4	4
Black	17	22	22	25	27	26	23	20	20	20
Hispanic[b]	—	—	14	14	15	14	17	16	14	16
Under 150 percent of poverty										
Children in all families										
Related children	29	32	31	32	33	33	32	32	31	30
White, non-Hispanic	—	—	21	21	21	22	21	19	19	19
Black	57	59	57	60	60	61	58	56	56	51
Hispanic[b]	—	—	55	58	58	60	58	59	57	56
[a] Related and not related children	18	21	21	22	22	23	22	21	21	20

— = not available

[b] Persons of Hispanic origin may be of any race.

NOTE: Estimates refer to children who are related to the householder and who are under age 18. The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index (CPI) level. The poverty threshold for a family of four was $16,400 in 1997. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. Related children include biological children, adopted children, and stepchildren of the householder and all other children in the household related to the householder (or reference person) by blood, adoption, or marriage. For more detail, see U.S. Bureau of the Census, Series P-60, No. 201.

SOURCE: U.S. Bureau of the Census, March Current Population Survey, Current Population Reports, Consumer Income, Series P-60, various years.

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Table ECON1.B

Income distribution: Percentage of related children under age 18 by family income relative to the poverty line, selected years 1980-97

Poverty level	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Extreme poverty	6.6	8.1	8.3	9.3	9.9	9.6	9.4	7.9	8.4	8.5
Below poverty, but above extreme poverty	11.3	12.0	11.6	11.8	11.7	12.4	11.9	12.2	11.4	10.8
Low income	24.0	22.8	21.8	22.2	22.0	22.2	22.0	22.5	22.7	21.4
Medium income	41.4	37.7	37.0	35.7	34.9	33.4	33.7	34.5	34.0	34.4
High income	16.8	19.4	21.3	21.0	21.5	22.3	23.1	22.8	23.5	25.0
Very high income	4.3	6.1	7.4	7.0	7.3	8.4	9.1	8.9	9.2	10.1

NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,200 for a family of four in 1997). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,200 and $16,399 for a family of four in 1997). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $16,400 and $32,799 for a family of four in 1997). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $32,800 and $65,599 for a family of four in 1997). High income is 400 percent of the poverty threshold or more. Very high income is over 600 percent of the poverty threshold. (These income categories are similar to those used in the *Economic Report of the President*, (1998). A similar approach is used by Hernandez, D. (1993). *America's Children*, except that Hernandez uses the relationship to median income to define his categories. For either method, the income categories for the medium and high income are at similar levels of median family income.)

SOURCE: U.S. Bureau of the Census, March Current Population Survey.

The Measurement of Poverty

The measurement of poverty used in this report is the official poverty measure used by the Bureau of the Census. A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then the poverty line has been updated annually for inflation using the consumer price index for all urban consumers. The poverty line depends on the size of the family and the number of children in the family.

A 1995 report by the National Research Council[1] recommended changing the definition of both the poverty thresholds and the resources that are used to measure poverty. Its recommendations included the following:

- **Defining income:** On the one hand, the definition of family income should be expanded to include other important resources of purchasing power, such as the earned income tax credit, food stamps, and housing subsidies. On the other hand, some necessary expenditures that reduce a family's resources available for basic consumption needs should be subtracted from income, such as taxes, necessary child care and other work-related expenditures, child support payments, and out-of-pocket medical expenditures.
- **Setting a threshold:** Poverty thresholds should be adjusted to provide a more accurate measure of family income requirements. First, the consumption bundle used to derive thresholds should be based on food, clothing, and shelter, not food consumption alone. Second, thresholds should reflect regional variations in housing costs. Third, thresholds should be adjusted for family size in a more consistent way than is currently done. Finally, thresholds should be updated to reflect changes in expenditure patterns over time.

A recent Census Bureau report[2] used key elements of the National Research Council proposal to estimate alternative poverty rates from 1990 to 1997. These estimates produced increases in child poverty from 1990 to 1993 similar to, and decreases in poverty from 1993 to 1997 somewhat larger than, those under the official measure. These changes reflect the fact that the new measure more completely accounts for in-kind transfers, such as food stamps and housing benefits, and for work-related expenditures. As a result, the new measure tends to decrease the relative poverty rate of children who are more likely to live in families that receive in-kind transfers, and to increase the relative poverty rate of children living with employed low-income persons with higher work-related expenses.

[1] Citro, C.F., and Micael, R.T. (Eds.) (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press.

[2] U.S. Bureau of the Census, Experimental Poverty Measures: 1990-1997. *Current Population Reports (Series P-60-205)*.

Table ECON2

Secure parental employment: Percentage of children under age 18 living with parents with at least one parent employed full time,[a] all year by family structure, race, Hispanic origin, poverty status, and age, selected years 1980-97

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
All children living with parents[b]										
Total	70	70	72	71	71	71	72	74	75	76
Race and Hispanic origin										
White, non-Hispanic	75	77	79	78	78	79	80	81	82	82
Black, non-Hispanic	50	48	50	49	49	49	52	54	56	58
Hispanic[c]	59	55	60	57	57	57	59	61	64	67
Poverty status										
Below poverty	21	20	22	20	20	21	24	25	25	26
At or above poverty	81	82	85	85	85	85	86	86	87	88
Age										
Children under 6	67	67	68	67	66	67	68	69	71	72
Children ages 6-17	72	72	74	73	74	74	75	76	77	78
Children living in married-couple families										
Total	80	81	85	84	84	85	86	87	88	88
Race and Hispanic origin										
White, non-Hispanic	81	83	86	86	87	88	88	89	90	91
Black, non-Hispanic	73	76	84	82	81	80	86	85	87	85
Hispanic[c]	71	70	74	71	71	72	76	77	79	80
Poverty status										
Below poverty	38	37	44	38	37	41	46	46	48	48
At or above poverty	84	87	89	89	90	91	91	91	92	92
Age										
Children under 6	76	79	83	82	83	83	85	86	87	87
Children ages 6-17	81	82	85	85	85	86	86	87	88	89
With both parents working full time all year	17	20	25	25	27	27	28	28	30	31
Children living in families maintained by single mothers[d]										
Total	33	32	33	33	33	33	35	38	39	41
Race and Hispanic origin										
White, non-Hispanic	39	39	40	40	41	39	43	46	47	46
Black, non-Hispanic	28	25	27	27	27	28	31	33	35	39
Hispanic[c]	22	22	24	24	24	24	23	27	27	34
Poverty status										
Below poverty	7	7	9	9	9	9	10	14	10	13
At or above poverty	59	59	60	61	61	59	61	61	64	66
Age										
Children under 6	20	20	21	22	20	21	23	24	27	28
Children ages 6-17	38	37	40	40	41	39	42	45	45	47

Table ECON2 (cont.)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Children living in families maintained by single fathers[d]										
Total	57	60	64	64	60	61	61	67	67	70
Race and Hispanic origin										
White, non-Hispanic	61	62	68	67	62	61	64	72	69	72
Black, non-Hispanic	41	59	53	56	60	67	56	64	60	67
Hispanic[c]	53	53	59	57	51	58	55	58	66	68
Poverty status										
Below poverty	15	23	21	18	17	19	26	24	30	29
At or above poverty	68	69	74	76	74	75	73	79	77	80
Age										
Children under 6	48	57	58	57	55	55	55	54	61	62
Children ages 6-17	59	62	67	68	63	65	63	74	70	74

[a] Full-time, all-year employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

[b] Total children living with parents (in thousands) 60,683 61,264 63,351 64,301 65,138 66,829 67,361 68,090 68,275 68,408

Total living with relatives but not with parent(s) (in thousands) 1,954 1,379 1,455 1,371 1,495 2,184 2,369 2,160 2,016 2,137

[c] Persons of Hispanic origin may be of any race.

[d] Includes some families where both parents are present in the household, but living as unmarried partners.

SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

Table ECON3 Housing problems among U.S. households with children under age 18, selected years 1978-95

Household type	1978	1983	1989	1993	1995
All households with children					
Number of households (in millions)	32.3	33.6	35.7	35.5	37.3
Percent with					
Any problems	30	33	33	34	36
Inadequate housing[a]	9	8	9	7	7
Crowded housing	9	8	7	6	7
Cost burden greater than 30 percent	15	21	24	27	28
Cost burden greater than 50 percent	6	11	9	11	12
Severe problems	8	12	10	11	12
Very-low-income renter households with children[b]					
Number of households (in millions)	4.2	5.1	5.9	6.7	6.5
Percent with					
Any problems	79	83	76	75	77
Inadequate housing[a]	18	18	18	14	13
Crowded housing	22	18	17	14	17
Cost burden greater than 30 percent	59	68	67	67	68
Cost burden greater than 50 percent	31	38	36	38	38
Severe problems	33	42	33	34	32
Rental assistance	23	23	29	28	29

[a] Inadequate housing refers to housing with "moderate or severe physical problems." The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.

[b] Very-low-income households are those with incomes at or below one-half the median income in a geographic area.

NOTE: Data are available for 1978, 1983, 1989, 1993, and 1995 (1978 data based on 1970 Census weights, 1983 and 1989 data on 1980 weights, 1993 and 1995 data on 1990 weights). Moderate or severe physical problems: See definition in Appendix A of the American Housing Survey summary volume: *American Housing Survey for the United States in 1993*, Current Housing Reports, H150/93, U.S. Bureau of the Census, 1995. Cost burden: expenditures on housing and utilities are greater than 30 percent of reported income. Severe problems: cost burden is greater than 50 percent of income or severe physical problems among those not reporting housing assistance. See Office of Policy Development and Research, HUD. (1998). *Rental housing assistance—the crisis continues: The 1997 report to Congress on worst case housing needs*. Washington, DC: Office of Policy Development and Research, Department of Housing and Urban Development.

SOURCE: U.S. Bureau of the Census and the Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

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Table ECON4.A Food security: Percentage of children under age 18 in households experiencing food insecurity by level of hunger and poverty status, 1995-97

Characteristic	1995	1996	1997
All children			
Food insecure without hunger	12.8	13.0	11.3
Food insecure with moderate or severe hunger	6.2	6.2	4.2
Food insecure with moderate hunger	5.2	5.2	3.5
Food insecure with severe hunger	1.0	1.0	0.7
Below poverty			
Food insecure without hunger	26.6	28.7	26.8
Food insecure with moderate or severe hunger	15.7	17.4	11.1
Food insecure with moderate hunger	12.8	13.9	9.2
Food insecure with severe hunger	2.9	3.5	1.9
At or above poverty			
Food insecure without hunger	7.9	8.5	6.7
Food insecure with moderate or severe hunger	3.0	3.1	2.1
Food insecure with moderate hunger	2.6	2.8	1.8
Food insecure with severe hunger	0.4	0.3	0.3

NOTE: *The Food Security Scale*. ECON4.A, the percentage of children under age 18 in households experiencing food insecurity with moderate to severe hunger, is based on the food security scale derived from data collected in the Food Security Supplement to the April 1995, September 1996, and April 1997 Current Population Survey. The food-security scale provides a near-continuous measure of the level of food insecurity and hunger experienced within each household. A categorical measure based on the scale classifies households according to four designated levels of household food security: food secure, food insecure without hunger, food insecure with moderate hunger, and food insecure with severe hunger. Food-secure households do not report a pattern of difficulty obtaining enough or acceptable quality food. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasing resort to emergency food sources and other coping behaviors, but do not report indicators of hunger. Food-insecure households with moderate hunger report food insecurity and a pattern of indicators of hunger for one or more adults and, in some cases, for children. Food-insecure households with severe hunger report increasing difficulty obtaining food and decreased food intakes. For a detailed explanation of the USDA/DHHS Food Security Measurement scale, see Food and Nutrition Service. 1997. *Household Food Security in the United States in 1995*. Washington, DC: Food and Nutrition Service.

SOURCE: Food Security Supplement to the April 1995, September 1996, and April 1997 Current Population Survey.

Table ECON4.B

Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-96

Age	1994			1995			1996		
	Good Diet[a]	Needs Improvement[a]	Poor Diet[a]	Good Diet[a]	Needs Improvement[a]	Poor Diet[a]	Good Diet[a]	Needs Improvement[a]	Poor Diet[a]
Ages 2-5	26	63	11	27	68	5	24	68	8
Ages 6-12	13	75	12	11	82	7	12	75	13
Ages 13-18	8	69	23	5[b]	76	19	6	74	20

[a] A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age.

[b] Sample size relatively small to make reliable comparisons.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON4.C

Percentage of children ages 2 to 18 by age, poverty status, and diet quality as measured by the Healthy Eating Index, three-year average1994-96

Characteristic	Good Diet[a]	Needs Improvement[a]	Poor Diet[a]
Ages 2-5			
At or below poverty	19	70	11
Above poverty	28	65	7
Ages 6-12			
At or below poverty	10	78	12
Above poverty	12	78	10
Ages 13-18			
At or below poverty	3[b]	72	25
Above poverty	7	74	19

[a] A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age.

[b] Sample size relatively small to make reliable comparisons.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON4.D Healthy Eating Index: Overall and component mean scores for children, three-year average 1994-96

	Ages 2-3	Ages 4-6	Ages 7-10	Ages 11-14		Ages 15-18	
	All	All	All	Females	Males	Females	Males
Overall HEI score	73.8	67.8	66.6	63.5	62.2	60.9	60.7
1. Grains	8.3 (54)	7.2 (27)	7.6 (31)	6.7 (16)	7.2 (29)	6.3 (17)	7.5 (34)
2. Vegetables	5.9 (31)	4.9 (16)	5.1 (20)	5.5 (24)	5.4 (23)	5.8 (26)	6.3 (35)
3. Fruits	7 (53)	5.3 (29)	4.3 (18)	3.9 (14)	3.5 (9)	3.1 (12)	2.8 (11)
4. Milk	7.2 (44)	7.4 (44)	7.6 (49)	5.2 (15)	6.2 (27)	4.2 (12)	6.1 (28)
5. Meat	6.3 (28)	5.3 (14)	5.5 (17)	5.7 (15)	6.5 (28)	5.8 (21)	6.9 (36)
6. Total Fat	7.4 (40)	7.3 (38)	7.2 (35)	7.2 (37)	6.8 (33)	7.1 (38)	6.8 (34)
7. Saturated Fat	5.4 (27)	5.6 (28)	5.7 (28)	5.8 (31)	5.7 (32)	6.6 (42)	6 (35)
8. Cholesterol	9 (83)	8.9 (83)	8.7 (80)	8.5 (78)	7.6 (69)	8.4 (77)	6.7 (58)
9. Sodium	8.8 (64)	8.1 (53)	6.8 (34)	7.1 (39)	5.2 (21)	6.9 (37)	3.7 (15)
10. Variety	8.4 (64)	7.9 (53)	8.1 (54)	7.8 (51)	8.1 (58)	6.7 (37)	7.8 (51)

NOTE: Percent of children meeting the dietary recommendations for each component in parentheses.

The Healthy Eating Index examines the diet of American children ages 2 to 18. The Index consists of 10 components, each representing different aspects of a healthful diet.

Components 1-5 measure the degree to which a person's diet conforms to USDA's Food Guide Pyramid serving recommendations for the five major food groups: Grains (bread, cereal, rice, and pasta), vegetables, fruits, milk (milk, yogurt, and cheese), and meat (meat, meat alternates (meat, poultry, fish, dry beans, eggs, and nuts). Component 6 measures total fat consumption as a percentage of total food energy (calorie) intake. Component 7 measures saturated fat consumption as a percentage of total food energy intake. Components 8 and 9 measure total cholesterol intake and total sodium intake, respectively. And component 10 measures the degree of variety in a person's diet.

Each component of the Index has a maximum score of 10 and a minimum score of zero. Intermediate scores are computed proportionately. High component scores indicate intakes close to recommended ranges or amounts. The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON5.A Access to health care: Percentage of children under age 18 covered by health insurance[a] by type of insurance, age, race, and Hispanic origin, 1987-97

Characteristic	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
All health insurance											
Total	87	87	87	87	87	87	86	86	86	85	85
Age											
Ages 0-5	88	87	87	89	89	89	88	86	87	86	86
Ages 6-11	87	87	87	87	88	88	87	87	87	85	86
Ages 12-17	86	86	86	85	85	85	83	85	86	84	83
Race and Hispanic origin											
White, non-Hispanic	90	90	90	90	90	90	89	89	90	89	89
Black	83	84	84	85	85	86	84	83	85	81	81
Hispanic[b]	72	71	70	72	73	75	74	72	73	71	71
Private health insurance											
Total	74	74	74	71	70	69	67	66	66	66	67
Age											
Ages 0-5	72	71	71	68	66	65	63	60	60	62	63
Ages 6-11	74	74	75	73	71	71	70	67	67	67	68
Ages 12-17	75	76	76	73	72	71	69	70	71	70	70
Race and Hispanic origin											
White, non-Hispanic	83	83	83	81	80	80	78	77	78	78	78
Black	49	50	52	49	45	46	46	43	44	45	48
Hispanic[b]	48	48	48	45	43	42	42	38	38	40	42
Public health insurance[c]											
Total	19	19	19	22	24	25	27	26	26	25	23
Age											
Ages 0-5	22	23	24	28	30	33	35	33	33	31	29
Ages 6-11	19	18	18	20	22	23	25	25	26	25	23
Ages 12-17	16	16	15	18	19	19	20	20	21	19	19
Race and Hispanic origin											
White, non-Hispanic	12	13	13	15	16	17	19	18	18	18	17
Black	42	42	41	45	48	49	50	48	49	45	40
Hispanic[b]	28	27	27	32	37	38	41	38	39	35	34

[a] Children are considered to be covered by health insurance if they had public or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of public and private is greater than the total.

[b] Persons of Hispanic origin may be of any race.

[c] Public health insurance for children consists mostly of Medicaid, but also includes Medicare and CHAMPUS/Tricare.

SOURCE: U.S. Bureau of the Census, Housing and Household Economic Statistics Division, unpublished tables based on analyses from the March Current Population Surveys.

Table ECON5.B Percentage of children under age 18 with no usual source of health care[a] by age and type of health insurance,[b] 1993-96

Age and type of insurance	1993	1994	1995	1996
Children ages 0-17				
Total	7.6	7.2	6.3	6.1
Type of insurance				
Private insurance[b]	3.6	3.4	3.0	2.9
Public insurance[b,c]	10.1	7.0	6.6	5.6
No insurance	24.1	22.7	22.2	22.9
Children ages 0-4				
Total	5.0	4.7	4.2	4.0
Type of insurance				
Private insurance[b]	1.7	1.7	1.3	1.4
Public insurance[b,c]	7.0	5.0	5.0	3.5
No insurance	18.1	16.5	17.4	18.9
Children ages 5-17				
Total	8.7	8.2	7.1	6.9
Type of insurance				
Private insurance[b]	4.3	4.0	3.6	3.4
Public insurance[b,c]	12.3	8.3	7.8	6.9
No insurance	26.2	24.9	23.8	24.2

[a] Excludes emergency rooms as a usual source of care.

[b] Children with both public and private insurance coverage are placed in the private insurance category.

[c] Public health insurance for children consists mostly of Medicaid or other public assistance programs, including state plans. It does not include children with only Medicare or CHAMPUS/CHAMPVA/Tricare.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Surveys.

Table HEALTH2 Activity limitation: Percentage of children under age 18 with any limitation in activity resulting from chronic conditions[a] by age, gender, poverty status, race, and Hispanic origin, selected years 1984-96

Characteristic	1984	1990	1991	1992	1993	1994	1995	1996
Children ages 0-17								
Total	5.0	4.9	5.8	6.1	6.6	6.7	6.0	6.1
Gender								
Male	5.9	5.6	6.8	7.1	7.8	7.9	7.4	7.4
Female	4.0	4.2	4.7	5.0	5.3	5.6	4.6	4.7
Poverty status								
Below poverty	7.1	6.7	8.8	9.2	9.5	9.7	9.2	9.8
At or above poverty	4.4	4.6	5.1	5.3	5.9	6.0	5.4	5.3
Race and Hispanic origin								
White, non-Hispanic	4.9	5.0	5.8	6.0	6.7	6.6	6.0	5.7
Black, non-Hispanic	5.6	5.5	6.7	7.5	7.7	8.9	7.3	8.4
Hispanic[b]	4.7	4.1	5.5	5.3	5.6	5.7	5.8	6.3
Children ages 0-4								
Total	2.5	2.2	2.4	2.8	2.8	3.1	2.7	2.6
Gender								
Male	2.7	2.6	2.7	3.3	3.1	3.4	3.3	3.3
Female	2.3	1.7	2.1	2.2	2.5	2.7	2.0	1.7
Poverty status								
Below poverty	4.0	3.0	4.3	4.5	4.3	5.2	3.9	5.2
At or above poverty	2.0	2.0	2.0	2.3	2.4	2.5	2.4	1.9
Race and Hispanic origin								
White, non-Hispanic	2.3	2.1	2.4	2.5	2.4	2.7	2.7	1.8
Black, non-Hispanic	3.3	2.9	3.2	4.2	4.7	5.0	3.5	4.8
Hispanic[b]	2.5	2.0	1.8	2.5	2.7	3.1	2.5	3.4
Children ages 5-17								
Total	6.1	6.1	7.2	7.5	8.1	8.2	7.4	7.5
Gender								
Male	7.3	6.9	8.5	8.7	9.8	9.7	9.0	9.0
Female	4.8	5.2	5.9	6.2	6.4	6.7	5.6	5.9
Poverty status								
Below poverty	8.7	8.5	11.0	11.7	12.2	11.9	11.8	12.0
At or above poverty	5.5	5.6	6.4	6.6	7.2	7.4	6.5	6.6
Race and Hispanic origin								
White, non-Hispanic	6.0	6.2	7.1	7.4	8.4	8.1	7.2	7.1
Black, non-Hispanic	6.7	6.7	8.2	9.0	9.0	10.6	8.9	9.8
Hispanic[b]	5.8	5.1	7.2	6.7	7.1	7.0	7.5	7.7

[a] Chronic conditions usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Surveys, 1984-96.

Table HEALTH1 General health status: Percentage of children under age 18 in very good or excellent health by age and poverty status, selected years 1984-96

Age and poverty status	1984	1990	1991	1992	1993	1994	1995	1996
Children ages 0-17								
Total	78	81	80	80	79	79	81	81
Poverty status								
Below poverty	62	66	65	65	64	64	65	65
At or above poverty	82	84	83	83	83	83	85	84
Children ages 0-4								
Total	79	81	81	80	80	81	81	82
Poverty status								
Below poverty	66	69	68	67	68	68	66	69
At or above poverty	82	84	84	84	84	84	86	85
Children ages 5-17								
Total	77	80	80	80	79	79	81	80
Poverty status								
Below poverty	60	64	64	64	63	62	64	63
At or above poverty	81	84	83	83	82	82	85	84

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 1984-96.

Table HEALTH3 Percentage of low-birthweight births by detailed race and Hispanic origin, selected years 1980-97

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Total	6.8	6.8	7.0	7.1	7.1	7.2	7.3	7.3	7.4	7.5
Race and Hispanic origin										
White, non-Hispanic	5.7	5.6	5.6	5.7	5.7	5.9	6.1	6.2	6.4	6.5
Black, non-Hispanic	12.7	12.6	13.3	13.6	13.4	13.4	13.3	13.2	13.1	13.1
Hispanic[a]	6.1	6.2	6.1	6.2	6.1	6.2	6.2	6.3	6.3	6.4
Mexican American	5.6	5.8	5.5	5.6	5.6	5.8	5.8	5.8	5.9	6.0
Puerto Rican	9.0	8.7	9.0	9.4	9.2	9.2	9.1	9.4	9.2	9.4
Cuban	5.6	6.0	5.7	5.6	6.1	6.2	6.3	6.5	6.5	6.8
Central and South American	5.8	5.7	5.8	5.9	5.8	5.9	6.0	6.2	6.0	6.3
Other and unknown Hispanic	7.0	6.8	6.9	7.3	7.2	7.5	7.5	7.5	7.7	7.9
Asian/Pacific Islander	6.7	6.2	6.5	6.5	6.6	6.6	6.8	6.9	7.1	7.2
Chinese	5.2	5.0	4.7	5.1	5.0	4.9	4.8	5.3	5.0	5.1
Japanese	6.6	6.2	6.2	5.9	7.0	6.5	6.9	7.3	7.3	6.8
Filipino	7.4	6.9	7.3	7.3	7.4	7.0	7.8	7.8	7.9	8.3
Hawaiian and part Hawaiian	7.2	6.5	7.2	6.7	6.9	6.8	7.2	6.8	6.8	7.2
Other Asian/Pacific Islander	6.8	6.2	6.6	6.7	6.7	6.9	7.1	7.1	7.4	7.5
American Indian/Alaska Native	6.4	5.9	6.1	6.2	6.2	6.4	6.4	6.6	6.5	6.8

[a] Persons of Hispanic origin may be of any race.

NOTE: Excludes live births with unknown birthweight. Low-birthweight infants weigh less than 2,500 grams at birth, about 5.5 pounds.

Trend data for Hispanics and non-Hispanic whites and blacks are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and all 50 States and DC from 1993 forward.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1999). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1998). Report of Final Natality Statistics, 1996. *Monthly Vital Statistics Report, 46* (11, Supplement). Hyattsville, MD: National Center for Health Statistics. National Center for Health Statistics. (1998). *Health, United States, 1998*. Hyattsville, MD: National Center for Health Statistics.

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Table HEALTH4

Infant mortality rates[a] among selected groups by detailed race and Hispanic origin of mother, selected years 1983-97

(Infant deaths per 1,000 live births)

Race and Hispanic origin	1983	1984	1985	1986	1987	1988	1989	1990	1991	1995[b]	1996	1997[c]
Total	10.9	10.4	10.4	10.1	9.8	9.6	9.5	8.9	8.6	7.6	7.3	7.1
Race and Hispanic origin												
White, non-Hispanic	9.2	8.7	8.7	8.4	8.1	8.0	7.8	7.2	7.0	6.3	6.0	—
Black, non-Hispanic	19.1	18.1	18.3	18.0	17.4	18.1	18.0	16.9	16.6	14.7	14.2	—
Hispanic[d,e]	9.5	9.3	8.8	8.4	8.2	8.3	8.1	7.5	7.1	6.3	6.1	—
Mexican American	9.1	8.9	8.5	7.9	8.0	7.9	7.7	7.2	6.9	6.0	5.8	—
Puerto Rican	12.9	12.9	11.1	11.7	9.9	11.6	11.7	9.9	9.7	8.9	8.6	—
Cuban	7.5	8.1	8.5	7.5	7.1	7.2	6.2	7.2	5.2	5.3	5.1	—
Central and South American	8.5	8.3	8.0	7.8	7.8	7.2	7.4	6.8	5.9	5.5	5.0	—
Other and unknown Hispanic	10.6	9.6	9.5	9.2	8.7	9.1	8.4	8.0	8.2	7.4	7.7	—
Asian/Pacific Islander	8.3	8.9	7.8	7.8	7.3	6.8	7.4	6.6	5.8	5.3	5.2	—
Chinese	9.5	7.2	5.8	5.9	6.2	5.5	6.4	4.3	4.6	3.8	3.2	—
Japanese	**	6.4	6.0	7.2	6.6	7.0	6.0	5.5	4.2	5.3	4.2	—
Filipino	8.4	8.5	7.7	7.2	6.6	6.9	8.0	6.0	5.1	5.6	5.8	—
Other Asian/Pacific Islander	8.1	9.4	8.5	8.3	7.6	7.0	7.3	7.4	6.3	5.5	5.7	—
American Indian/Alaska Native	15.2	13.4	13.1	13.9	13.0	12.7	13.4	13.1	11.3	9.0	10.0	—

— = not available.

** = Number too small to calculate a reliable rate.

[a] Rates are infant (under 1 year of age) deaths per 1,000 live births in specified group.

[b] Beginning with data for 1995, rates are on period basis. Earlier rates are on a cohort basis. Race-specific data for 1995 and 1996 are weighted to account for unmatched records.

[c] Data for 1997 are preliminary, unlinked, and unweighted.

[d] Persons of Hispanic origin may be of any race.

[e] Trend data for Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991, and 50 and DC from 1995 forward.

NOTE: Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992-94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Linked Files of Live Births and Infant Deaths. 1997 data are from the National Vital Statistics System.

Table HEALTH5 **Child immunization: Percentage of children ages 19 to 35 months vaccinated for selected diseases by poverty status, race, and Hispanic origin, 1994-97**

Characteristc	Total				Below poverty				At or above poverty			
	1994	1995	1996	1997	1994	1995	1996	1997	1994	1995	1996	1997
Total												
Combined series (4:3:1:3)[a]	69	74	77	76	61	66	69	71	72	77	80	79
Combined series (4:3:1)[b]	75	76	78	78	66	68	71	73	77	79	81	80
DTP (4 doses or more)[c]	77	79	81	81	68	71	73	76	79	81	84	84
Polio (3 doses or more)	83	88	91	91	77	84	88	90	85	89	92	92
Measles-containing[d]	89	90	91	91	87	85	87	86	90	91	92	92
Hib (3 doses or more)[e]	86	92	92	93	81	88	88	90	88	93	93	94
Hepatitis B (3 doses or more)[f]	36	68	82	84	24	64	78	80	41	69	83	85
White, non-Hispanic												
Combined series (4:3:1:3)[a]	72	77	79	79	—	—	68	72	—	—	81	80
Combined series (4:3:1)[b]	78	79	80	80	—	—	70	73	—	—	82	82
DTP (4 doses or more)[c]	80	81	83	84	—	—	72	76	—	—	85	85
Polio (3 doses or more)	85	89	92	92	—	—	88	90	—	—	93	92
Measles-containing[d]	90	91	92	92	—	—	86	85	—	—	93	93
Hib (3 doses or more)[e]	87	93	93	94	—	—	87	90	—	—	94	95
Hepatitis B (3 doses or more)[f]	40	68	82	85	—	—	75	80	—	—	83	85
Black, non-Hispanic												
Combined series (4:3:1:3)[a]	67	70	74	73	—	—	70	71	—	—	78	77
Combined series (4:3:1)[b]	70	72	76	74	—	—	73	72	—	—	80	78
DTP (4 doses or more)[c]	72	74	79	78	—	—	75	76	—	—	82	80
Polio (3 doses or more)	79	84	90	90	—	—	88	90	—	—	92	91
Measles-containing[d]	86	86	89	90	—	—	88	88	—	—	91	92
Hib (3 doses or more)[e]	85	89	90	92	—	—	87	92	—	—	92	94
Hepatitis B (3 doses or more)[f]	29	65	82	83	—	—	79	82	—	—	86	84
Hispanic[g]												
Combined series (4:3:1:3)[a]	62	69	71	72	—	—	68	70	—	—	74	76
Combined series (4:3:1)[b]	68	72	73	74	—	—	70	72	—	—	75	77
DTP (4 doses or more)[c]	70	75	77	77	—	—	73	75	—	—	79	80
Polio (3 doses or more)	81	87	89	90	—	—	88	89	—	—	90	90
Measles-containing[d]	88	88	88	88	—	—	88	86	—	—	89	89
Hib (3 doses or more)[e]	84	90	89	90	—	—	88	89	—	—	90	92
Hepatitis B (3 doses or more)[f]	33	69	80	81	—	—	79	79	—	—	82	84

— = not available

[a] The 4:3:1:3 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of poliovirus vaccine, 1 dose of a measles-containing vaccine, and 3 doses of Haemophilus influenzae type b (Hib) vaccine.

[b] The 4:3:1 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of poliovirus vaccine, and 1 dose of a measles-containing vaccine.

[c] Diphtheria and tetanus toxoids and pertussis vaccine.

[d] Respondents were asked about measles-containing or MMR (measles-mumps-rubella) vaccines.

[e] Haemophilus influenzae type b (Hib) vaccine.

[f] The percentage of children 19 to 35 months of age who received 3 doses of Hepatitis B vaccine was artificially low in 1994, because universal infant vaccination with a 3-dose series was not recommended until November 1991.

[g] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program. Data from the National Immunization Survey.

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Table HEALTH6 Child mortality rates by age, gender, race, and Hispanic origin, selected years 1980-97

(Deaths per 100,000 children in each age group)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997*
Ages 1-4										
Total[a]	63.9	51.8	46.8	47.4	43.6	44.8	42.9	40.6	38.3	35.7
Gender										
Male	72.6	58.5	52.4	52.0	48.0	49.5	47.3	44.8	42.2	39.4
Female	54.7	44.8	41.0	42.7	39.0	39.9	38.2	36.2	34.3	31.8
Race and Hispanic origin										
White	57.9	46.6	41.1	41.7	38.1	38.3	36.5	35.1	32.9	31.5
White, non-Hispanic[c]	—	45.3	37.6	38.7	36.3	36.4	35.1	33.9	32.1	—
Black	97.6	80.7	76.8	79.7	73.2	79.1	77.2	70.3	67.6	59.2
Hispanic[b,c]	—	46.1	43.5	43.6	41.7	42.0	39.1	36.7	33.6	—
Asian/Pacific Islander	43.2	40.1	38.6	30.4	26.9	30.5	25.3	25.4	25.1	25.4
Ages 5-14										
Total[a]	30.6	26.5	24.0	23.6	22.5	23.4	22.5	22.5	21.7	20.7
Gender										
Male	36.7	31.8	28.5	28.7	27.2	27.4	26.9	26.7	25.4	23.8
Female	24.2	21.0	19.3	18.3	17.5	19.1	17.9	18.2	17.8	17.5
Race and Hispanic origin										
White	29.1	25.0	22.3	22.0	20.6	21.4	20.3	20.6	19.9	18.9
White, non-Hispanic[c]	—	23.1	21.5	21.3	20.0	20.5	20.1	20.1	19.3	—
Black	39.0	35.5	34.4	34.2	33.7	35.0	34.8	33.4	32.1	31.0
Hispanic[b,c]	—	19.3	20.0	20.0	21.0	22.6	20.1	20.5	20.3	—
Asian/Pacific Islander	24.2	20.8	16.9	15.1	16.1	17.1	16.3	16.8	14.3	15.4

— = not available.

*Preliminary data.

[a] Total includes American Indians/Alaska Natives. Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

[b] Persons of Hispanic origin may be of any race.

[c] Trend data for Hispanics and non-Hispanic whites are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States with the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 45 in 1984 to 47 and the District of Columbia (DC) in 1985; 48 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96. The population data in 1990 and 1991 do not exclude New York City. Data for 1997 are preliminary due to incomplete reporting for California.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH7.A Mortality rates among adolescents ages 15 to 19 by gender, race, and cause of death, selected years 1980-96

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996
Total, all races									
All causes	97.9	80.5	87.9	89.0	84.3	86.9	86.8	83.5	78.6
Injuries	78.1	62.9	71.0	71.7	67.2	69.7	69.5	66.1	62.4
Motor vehicle traffic	42.3	33.1	32.8	30.9	27.8	28.3	29.0	28.3	28.2
All firearm	14.7	13.3	23.3	26.4	26.2	27.8	28.2	24.5	21.2
Firearm homicide	7.0	5.7	13.8	16.4	16.7	17.8	17.7	15.4	13.2
Firearm suicide	5.4	6.0	7.4	7.4	7.3	7.4	7.8	7.0	6.1
Male, white									
All causes	142.7	112.3	115.4	112.2	106.0	107.6	108.4	105.2	98.4
Injuries	121.1	93.2	96.7	93.5	87.1	89.3	89.9	86.1	81.0
Motor vehicle traffic	67.8	50.4	48.7	44.0	38.9	41.1	41.2	38.4	38.8
All firearm	20.9	18.4	26.2	29.1	28.8	28.8	30.2	27.9	23.1
Firearm homicide	7.2	4.9	9.4	11.7	12.9	12.6	12.9	12.3	10.0
Firearm suicide	9.8	10.8	13.4	13.6	12.8	13.0	13.3	12.6	10.5
Male, black									
All causes	134.5	125.5	199.7	227.9	218.4	231.7	231.8	202.4	185.0
Injuries	105.3	96.7	174.0	199.3	189.7	203.5	201.9	171.3	157.5
Motor vehicle traffic	24.3	21.9	28.5	29.3	26.1	26.5	28.7	28.9	28.0
All firearm	46.7	46.5	119.7	140.4	140.9	153.1	151.1	120.3	108.7
Firearm homicide	38.4	36.6	104.4	122.5	118.8	130.1	126.6	101.7	91.7
Firearm suicide	3.4	5.4	8.8	9.0	12.6	11.5	13.9	10.6	9.2
Female, white									
All causes	53.7	46.6	45.4	46.9	43.3	44.6	43.2	44.2	42.8
Injuries	37.9	33.0	32.8	33.7	31.0	31.3	30.7	31.8	30.8
Motor vehicle traffic	25.4	22.4	22.1	22.8	20.8	20.2	21.1	21.9	21.0
All firearm	4.1	3.5	4.6	4.6	4.3	4.9	4.7	4.2	3.8
Firearm homicide	1.7	1.2	2.0	2.1	2.3	2.2	2.4	2.2	1.7
Firearm suicide	1.9	2.0	2.3	2.1	1.7	2.3	2.1	1.7	1.9
Female, black									
All causes	50.3	44.6	54.3	52.3	50.5	53.3	55.8	56.1	53.3
Injuries	25.5	22.9	30.8	30.1	28.3	31.4	30.7	32.4	30.6
Motor vehicle traffic	6.6	7.5	9.7	8.9	9.0	8.2	10.4	10.7	12.2
All firearm	7.5	6.1	12.1	12.7	12.4	15.8	13.3	14.2	11.7
Firearm homicide	6.2	5.0	10.4	11.2	10.5	14.3	11.1	12.3	9.9
Firearm suicide	0.6	0.7	1.3	0.8	1.3	0.7	1.9	1.7	**

** = Number too small to calculate a reliable rate.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

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Table HEALTH7.B Injury mortality rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and cause of death, 1994-96

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1994	1995	1996
Male, all races			
Motor vehicle traffic	38.5	36.3	36.6
All firearm	49.2	42.4	36.3
Male, white, non-Hispanic			
Motor vehicle traffic	41.1	38.4	39.3
All firearm	22.3	19.9	16.9
Male, black			
Motor vehicle traffic	28.7	28.9	28.0
All firearm	151.1	120.3	108.7
Male, Hispanic[a]			
Motor vehicle traffic	35.2	33.1	31.2
All firearm	71.5	68.5	51.9
Female, all races			
Motor vehicle traffic	19.0	19.8	19.1
All firearm	6.0	5.7	5.1
Female, white, non-Hispanic			
Motor vehicle traffic	22.3	22.9	22.2
All firearm	4.1	3.7	3.5
Female, black			
Motor vehicle traffic	10.4	10.7	12.2
All firearm	13.3	14.2	11.7
Female, Hispanic[a]			
Motor vehicle traffic	12.0	13.0	11.3
All firearm	7.5	6.1	4.2

[a] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH8 Adolescent birth rates by age, race, and Hispanic origin, selected years 1980-97

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
All races										
Ages 10-14	1.1	1.2	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1
Ages 15-17	32.5	31.0	37.5	38.7	37.8	37.8	37.6	36.0	33.8	32.1
Ages 18-19	82.1	79.6	88.6	94.4	94.5	92.1	91.5	89.1	86.0	83.6
Ages 15-19	53.0	51.0	59.9	62.1	60.7	59.6	58.9	56.8	54.4	52.3
White, total										
Ages 10-14	0.6	0.6	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.7
Ages 15-17	25.5	24.4	29.5	30.7	30.1	30.3	30.7	30.0	28.4	27.1
Ages 18-19	73.2	70.4	78.0	83.5	83.8	82.1	82.1	81.2	78.4	75.9
Ages 15-19	45.4	43.3	50.8	52.8	51.8	51.1	51.1	50.1	48.1	46.3
White, non-Hispanic										
Ages 10-14	0.4	—	0.5	0.5	0.5	0.5	0.5	0.4	0.4	0.4
Ages 15-17	22.4	—	23.2	23.6	22.7	22.7	22.8	22.0	20.6	19.4
Ages 18-19	67.7	—	66.6	70.5	69.8	67.7	67.4	66.1	63.7	61.9
Ages 15-19	41.2	—	42.5	43.4	41.7	40.7	40.4	39.3	37.6	36.0
Black, total										
Ages 10-14	4.3	4.5	4.9	4.8	4.7	4.6	4.6	4.2	3.6	3.3
Ages 15-17	72.5	69.3	82.3	84.1	81.3	79.8	76.3	69.7	64.7	60.8
Ages 18-19	135.1	132.4	152.9	158.6	157.9	151.9	148.3	137.1	132.5	130.1
Ages 15-19	97.8	95.4	112.8	115.5	112.4	108.6	104.5	96.1	91.4	88.2
Black, non-Hispanic										
Ages 10-14	4.6	—	5.0	4.9	4.8	4.7	4.7	4.3	3.8	3.4
Ages 15-17	77.2	—	84.9	86.7	83.9	82.5	78.6	72.1	66.6	62.6
Ages 18-19	146.5	—	157.5	163.1	162.9	156.7	152.9	141.9	136.6	134.0
Ages 15-19	105.1	—	116.2	118.9	116.0	112.2	107.7	99.3	94.2	90.8
Hispanic[a]										
Ages 10-14	1.7	—	2.4	2.4	2.6	2.7	2.7	2.7	2.6	2.3
Ages 15-17	52.1	—	65.9	70.6	71.4	71.7	74.0	72.9	69.0	66.3
Ages 18-19	126.9	—	147.7	158.5	159.7	159.1	158.0	157.9	151.1	144.3
Ages 15-19	82.2	—	100.3	106.7	107.1	106.8	107.7	106.7	101.8	97.4
American Indian/Alaska Native										
Ages 10-14	1.9	1.7	1.6	1.6	1.6	1.4	1.9	1.8	1.7	1.7
Ages 15-17	51.5	47.7	48.5	52.7	53.8	53.7	51.3	47.8	46.4	45.3
Ages 18-19	129.5	124.1	129.3	134.3	132.6	130.7	130.3	130.7	122.3	117.6
Ages 15-19	82.2	79.2▶	81.1	85.0	84.4	83.1	80.8	78.0	73.9	71.8
Asian/Pacific Islander										
Ages 10-14	0.3	0.4	0.7	0.8	0.7	0.6	0.7	0.7	0.6	0.5
Ages 15-17	12.0	12.5	16.0	16.1	15.2	16.0	16.1	15.4	14.9	14.3
Ages 18-19	46.2	40.8	40.2	43.1	43.1	43.3	44.1	43.4	40.4	39.3
Ages 15-19	26.2	23.8	26.4	27.4	26.6	27.0	27.1	26.1	24.6	23.7

— = not available

[a] Persons of Hispanic origin may be of any race. Trend data for Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1985-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993. Rates in 1981-88 were not calculated for Hispanics and non-Hispanic whites because estimates for populations were not available. Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (POP8A). Birth rates for married teenagers have fallen sharply in the 1990s, but relatively few teenagers are married.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1998). Births: Final data for 1997. *National Vital Statistics Reports, 47* (18). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1998). Report of final natality statistics, 1996. *Monthly Vital Statistics Report, 46* (11, Supplement). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1997). Report of final natality statistics, 1995. *Monthly Vital Statistics Report, 45* (11, Supplement 2). Hyattsville, MD: National Center for Health Statistics. Mathews, T.J., Ventura, S.J., Curtin, S.C., and Martin, J.A. (1998). Births of Hispanic origin, 1989-95. *Monthly Vital Statistics Report, 46* (6, Supplement). Hyattsville, MD: National Center for Health Statistics. Taffel, S.M. (1984). Birth and fertility rates for States: United States, 1980. *Vital Health Statistics, 21* (Series 21). Hyattsville, MD: National Center for Health Statistics.

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Table BEH1 Cigarette smoking: Percentage of students who reported smoking cigarettes daily in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-98

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
8th-graders											
Total	—	—	—	7.2	7.0	8.3	8.8	9.3	10.4	9.0	8.8
Gender											
Male	—	—	—	8.1	6.9	8.8	9.5	9.2	10.5	9.0	8.1
Female	—	—	—	6.2	7.2	7.8	8.0	9.2	10.1	8.7	9.0
Race and Hispanic origin[a]											
White	—	—	—	—	7.7	8.8	9.7	10.5	11.7	11.4	10.4
Black	—	—	—	—	1.4	1.8	2.6	2.8	3.2	3.7	3.8
Hispanic[b]	—	—	—	—	7.3	7.2	9.0	9.2	8.0	8.1	8.4
10th-graders											
Total	—	—	—	12.6	12.3	14.2	14.6	16.3	18.3	18.0	15.8
Gender											
Male	—	—	—	12.4	12.1	13.8	15.2	16.3	18.1	17.2	14.7
Female	—	—	—	12.5	12.4	14.3	13.7	16.1	18.6	18.5	16.8
Race and Hispanic origin[a]											
White	—	—	—	—	14.5	15.3	16.5	17.6	20.0	21.4	20.3
Black	—	—	—	—	2.8	3.1	3.8	4.7	5.1	5.6	5.8
Hispanic[b]	—	—	—	—	8.4	8.9	8.1	9.9	11.6	10.8	9.4
12th-graders[c]											
Total	21.3	19.5	19.5	18.5	17.2	19.0	19.4	21.6	22.2	24.6	22.4
Gender											
Male	18.5	17.8	17.8	18.8	17.2	19.4	20.4	21.7	22.2	24.8	22.7
Female	23.5	20.6	20.6	17.9	16.7	18.2	18.1	20.8	21.8	23.6	21.5
Race and Hispanic origin[a]											
White	23.9	20.4	20.4	21.5	20.5	21.4	22.9	23.9	25.4	27.8	28.3
Black	17.4	9.9	9.9	5.1	4.2	4.1	4.9	6.1	7.0	7.2	7.4
Hispanic[b]	12.8	11.8	11.8	11.5	12.5	11.8	10.6	11.6	12.9	14.0	13.6

— = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

[c] Rates for 12th-graders go up for blacks and whites between 1997 and 1998 while going down for the overall sample due to the averaging of data over the last two years for estimates by race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1998). *National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1997.* Rockville, MD: National Institutes of Health, National Institute on Drug Abuse, NIH Pub. No. 98-4345. Institute for Social Research, University of Michigan. Tables D-35 and D-36. Data are from the study, "Monitoring the Future," University of Michigan. Press release of December 18, 1998.

Table BEH2 Alcohol use: Percentage of students who reported having five or more drinks in a row in the past two weeks by grade, gender, race, and Hispanic origin, selected years 1980-98

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
8th-graders											
Total	—	—	—	12.9	13.4	13.5	14.5	14.5	15.6	14.5	13.7
Gender											
Male	—	—	—	14.3	13.9	14.8	16.0	15.1	16.5	15.3	14.4
Female	—	—	—	11.4	12.8	12.3	13.0	13.9	14.5	13.5	12.7
Race and Hispanic origin[a]											
White	—	—	—	—	12.7	12.6	12.9	13.9	15.1	15.1	14.1
Black	—	—	—	—	9.6	10.7	11.8	10.8	10.4	10.4	9.0
Hispanic[b]	—	—	—	—	20.4	21.4	22.3	22.0	21.0	20.7	20.4
10th-graders											
Total	—	—	—	22.9	21.1	23.0	23.6	24.0	24.8	25.1	24.3
Gender											
Male	—	—	—	26.4	23.7	26.5	28.5	26.3	27.2	28.6	26.7
Female	—	—	—	19.5	18.6	19.3	18.7	21.5	22.3	21.7	22.2
Race and Hispanic origin[a]											
White	—	—	—	—	23.2	23.0	24.5	25.4	26.2	26.9	27.0
Black	—	—	—	—	15.0	14.8	14.0	13.3	12.2	12.7	12.8
Hispanic[b]	—	—	—	—	22.9	23.8	24.2	26.8	29.6	27.5	26.3
12th-graders											
Total	41.2	36.7	32.2	29.8	27.9	27.5	28.2	29.8	30.2	31.3	31.5
Gender											
Male	52.1	45.3	39.1	37.8	35.6	34.6	37.0	36.9	37.0	37.9	39.2
Female	30.5	28.2	24.4	21.2	20.3	20.7	20.2	23.0	23.5	24.4	24.0
Race and Hispanic origin[a]											
White	44.3	41.5	36.6	34.6	32.1	31.3	31.5	32.3	33.4	35.1	36.4
Black	17.7	15.7	14.4	11.7	11.3	12.6	14.4	14.9	15.3	13.4	12.3
Hispanic[b]	33.1	31.7	25.6	27.9	31.0	27.2	24.3	26.6	27.1	27.6	28.1

— = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1998). *National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1997.* Rockville, MD: National Institutes of Health, National Institute on Drug Abuse. NIH Pub. No. 98-4345. Institute for Social Research, University of Michigan. Tables D-31 and D-32. Data are from the study "Monitoring the Future," University of Michigan. Press release of December 18, 1998.

Table BEH3 **Illicit drug use: Percentage of students who have used illicit drugs in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-98**

Characteristic	1980[a]	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
8th-graders											
Total	—	—	—	5.7	6.8	8.4	10.9	12.4	14.6	12.9	12.1
Gender											
Male	—	—	—	5.8	6.4	8.7	11.9	12.7	14.6	13.3	11.9
Female	—	—	—	5.4	7.1	8.1	9.6	11.9	14.1	12.3	11.9
Race and Hispanic origin[b]											
White	—	—	—	—	5.9	7.1	8.7	18.9	13.2	13.7	12.4
Black	—	—	—	—	3.8	5.1	7.4	9.1	10.5	10.8	10.2
Hispanic[c]	—	—	—	—	10.2	12.3	15.7	16.7	16.5	15.9	15.9
10th-graders											
Total	—	—	—	11.6	11.0	14.0	18.5	20.2	23.2	23.0	21.5
Gender											
Male	—	—	—	12.1	11.3	15.2	20.5	21.1	24.3	24.8	22.5
Female	—	—	—	10.8	10.5	12.5	16.1	19.0	21.9	21.0	20.5
Race and Hispanic origin[b]											
White	—	—	—	—	12.1	13.1	16.4	19.7	22.4	23.8	23.1
Black	—	—	—	—	5.2	6.1	11.4	15.5	17.0	17.7	16.4
Hispanic[c]	—	—	—	—	12.7	15.0	18.0	20.6	22.5	24.2	24.2
12th-graders											
Total	37.2	29.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	26.2	25.6
Gender											
Male	39.6	32.1	18.9	18.4	15.9	20.4	25.5	26.8	27.5	28.7	29.1
Female	34.3	26.7	15.2	14.1	12.7	15.9	18.3	20.4	21.2	23.2	21.6
Race and Hispanic origin[b]											
White	38.8	30.2	20.5	18.6	16.8	17.8	21.4	23.8	24.8	26.4	27.5
Black	28.8	22.9	9.0	7.2	7.3	9.1	14.3	18.3	19.7	20.0	19.4
Hispanic[c]	33.1	27.2	13.9	14.7	14.6	15.6	18.3	21.4	22.6	23.9	24.1

— = not available

[a] Beginning in 1982, the question about stimulant use (i.e. amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[b] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[c] Persons of Hispanic origin may be of any race.

NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and nonmedical use of psychotherapeutics.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1998). *National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1997.* Rockville, MD: National Institutes of Health, National Institute on Drug Abuse. NIH Pub. No. 98-4345. Institute for Social Research, University of Michigan. Tables 2-1b and 5-3. Data are from the study "Monitoring the Future," University of Michigan. Press release of December 18, 1998; and unpublished data from "Monitoring the Future," University of Michigan.

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Table BEH4.A Youth victims of serious violent crime: Number and rate of victimization for youths ages 12 to 17 by age, race, and gender, selected years 1980-97

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Rates per 1,000 youth ages 12-17										
Total	37.6	34.3	43.2	40.7	38.8	43.8	41.3	28.3	30.3	27.1
Age										
Ages 12-14	33.4	28.1	41.2	37.8	37.6	38.0	34.5	26.7	24.9	23.5
Ages 15-17	41.4	40.3	45.2	43.6	40.1	49.9	48.5	30.0	35.8	30.7
Race										
White	34.1	34.4	37.0	40.1	35.2	40.0	38.0	25.5	27.7	27.6
Black	60.2	35.2	77.0	48.0	54.3	71.5	63.0	44.5	43.4	30.4
Other	21.7	28.8	37.3	25.0	48.7	17.6	27.5	23.7	31.2	9.7
Gender										
Male	54.8	49.8	60.5	60.7	49.8	53.9	51.5	39.0	40.4	33.1
Female	19.7	18.2	24.9	19.6	27.2	33.1	30.6	17.0	19.7	20.8
Number of victimizations of youth ages 12-17										
Ages 12-17	877,104	742,815	866,272	825,895	809,118	933,762	905,544	633,301	687,638	622,302

NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the Bureau of the Census Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey derived population estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1980-1997. Federal Bureau of Investigation, Uniform Crime Reports.

Table BEH4.B Serious violent juvenile crime rate: Number and rate of serious crimes involving youth ages 12 to 17, selected years 1980-97

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Rates per 1,000 youth ages 12-17										
Total	34.9	30.2	39.1	39.9	44.4	51.9	47.0	36.3	35.5	30.7
Number of serious violent crimes										
Total (in millions)	3.8	3.4	3.5	3.7	4.0	4.2	4.1	3.3	3.3	3.0
Number involving youth ages 12-17 (in thousands)	812	652	785	811	925	1,108	1,031	812	805	706
Percentage involving youth ages 12-17	21.3	19.4	22.4	21.8	23.2	26.4	25.0	24.7	24.7	23.2

NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the Bureau of the Census Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey derived population estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1980-1997. Federal Bureau of Investigation, Uniform Crime Reports.

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Table ED1 Family reading: Percentage of children ages 3 to 5[a] who were read to every day in the last week by a family member by child and family characteristics, selected years 1993-96

Characteristic	1993	1995	1996
Total	53	58	57
Gender			
Male	51	57	56
Female	54	59	57
Race and Hispanic origin			
White, non-Hispanic	59	65	64
Black, non-Hispanic	39	43	44
Hispanic[b]	37	38	39
Poverty status			
Below poverty	44	48	46
At or above poverty	56	62	61
Family type			
Two parents	55	61	61
One or no parent	46	49	46
Mother's education[c]			
Less than high school	37	40	37
High school/GED	48	48	49
Vocational/technical or some college	57	64	62
College graduate	71	76	77
Mother's employment status[c]			
Worked 35 hours or more per week	52	55	54
Worked less than 35 hours per week	56	63	59
Not in labor force	55	60	59

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Persons of Hispanic origin may be of any race.

[c] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status. Not shown separately but included in the total are unemployed mothers.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 1993, 1995, and 1996 National Household Education Survey.

Table ED2.A Early childhood education: Percentage of children ages 3 to 4[a] enrolled in preschool by race, Hispanic origin, and poverty status, selected years 1980-97

Race and Hispanic origin, and income	1980	1985	1990[b]	1991	1992	1993	1994[b]	1995[b]	1996[b]	1997[b]
Total	30	32	41	34	34	34	44	45	45	48
Race and Hispanic origin										
White, non-Hispanic	32	35	44	39	38	38	48	49	48	52
Black, non-Hispanic	28	28	37	27	29	30	45	43	45	55
Hispanic[c]	24	20	26	20	18	17	26	29	33	31
Poverty status										
Below poverty	21	19	29	22	23	23	36	34	34	40
At or above poverty	34	37	45	39	38	38	47	49	48	51

[a] Estimates based on children who have yet to enter kindergarten.

[b] Data for 1990 and 1994-97 may not be comparable with other years because of changes in survey procedures.

[c] Persons of Hispanic origin may be of any race.

SOURCE: U.S. Bureau of the Census, October Current Population Surveys. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

Table ED2.B Early childhood education: Percentage of children ages 3 to 4[a] enrolled in center-based programs[b] by child and family characteristics, selected years 1991-96

Characteristic	1991	1993	1995	1996
Total	51	51	53	53
Gender				
Male	51	50	52	52
Female	52	52	53	53
Race and Hispanic origin				
White, non-Hispanic	53	52	55	54
Black, non-Hispanic	56	56	57	63
Hispanic[c]	38	42	34	37
Poverty status				
At or below poverty	42	42	41	41
Above poverty	54	55	58	58
Family type				
Two parents	52	51	53	51
One or no parent	47	52	53	56
Mother's education[d]				
Less than high school	30	31	31	37
High school/GED	44	41	45	46
Vocational/technical or some college	59	58	55	55
College graduate	72	72	73	71
Mother's employment status[d]				
Worked 35 hours or more per week	58	59	58	62
Worked less than 35 hours per week	57	55	60	62
Not in labor force	43	43	43	41

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Center-based programs include day care centers, Head Start programs, preschool, nursery school, prekindergarten, and other early childhood programs.

[c] Persons of Hispanic origin may be of any race.

[d] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status. Not shown separately but included in the total are unemployed mothers.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 1991, 1993, 1995, and 1996 National Household Education Survey.

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Table ED3.A Mathematics achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1982-96

Characteristic	1982	1986	1990	1992	1994	1996
Age 9						
Total	219	222	230	230	231	231
Gender						
Male	217	222	229	231	232	233
Female	221	222	230	228	230	229
Race and Hispanic origin						
White, non-Hispanic	224	227	235	235	237	237
Black, non-Hispanic	195	202	208	208	212	212
Hispanic[a]	204	205	214	212	210	215
Age 13						
Total	269	269	270	273	274	274
Gender						
Male	269	270	271	274	276	276
Female	268	268	270	272	273	272
Race and Hispanic origin						
White, non-Hispanic	274	274	276	279	281	281
Black, non-Hispanic	240	249	249	250	252	252
Hispanic[a]	252	254	255	259	256	256
Parents' education						
Less than high school	251	252	253	256	255	254
Graduated high school	263	263	263	263	266	267
Some education after high school	275	274	277	278	277	278
Graduated college	282	280	280	283	285	283
Age 17						
Total	299	302	305	307	306	307
Gender						
Male	302	305	306	309	309	310
Female	296	299	303	305	304	305
Race and Hispanic origin						
White, non-Hispanic	304	308	310	312	312	313
Black, non-Hispanic	272	279	289	286	286	286
Hispanic[a]	277	283	284	292	291	292
Parents' education						
Less than high school	279	279	285	286	284	281
Graduated high school	293	293	294	298	295	297
Some education after high school	304	305	308	308	305	307
Graduated college	312	314	316	316	318	317

[a] Persons of Hispanic origin may be of any race.

NOTE: Data on parents' level of education are not reliable for 9-year-olds.

The mathematics proficiency scale ranges from 0 to 500:
- Level 150: Simple arithmetic facts
- Level 200: Beginning skills and understandings
- Level 250: Numerical operations and beginning problem solving
- Level 300: Moderately complex procedures and reasoning
- Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *1996 Trends in Academic Progress*.

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Table ED3.B **Reading achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1980-96**

Characteristic	1980	1984	1988	1990	1992	1994	1996
Age 9							
Total	215	211	212	209	211	211	212
Gender							
Male	210	208	208	204	206	207	207
Female	220	214	216	215	215	215	218
Race and Hispanic origin							
White, non-Hispanic	221	218	218	217	218	218	220
Black, non-Hispanic	189	186	189	182	185	185	190
Hispanic[a]	190	187	194	189	192	186	194
Age 13							
Total	259	257	258	257	260	258	259
Gender							
Male	254	253	252	251	254	251	253
Female	263	262	263	263	265	266	265
Race and Hispanic origin							
White, non-Hispanic	264	263	261	262	266	265	267
Black, non-Hispanic	233	236	243	242	238	234	236
Hispanic[a]	237	240	240	238	239	235	240
Parents' education							
Less than high school	239	240	247	241	239	237	241
Graduated high school	254	253	253	251	252	251	252
Post high school	271	268	265	267	270	269	270
Age 17							
Total	286	289	290	290	290	288	287
Gender							
Male	282	284	286	284	284	282	280
Female	289	294	294	297	296	295	294
Race and Hispanic origin							
White, non-Hispanic	293	295	295	297	297	296	294
Black, non-Hispanic	243	264	274	267	261	266	265
Hispanic[a]	261	268	271	275	271	263	265
Parents' education							
Less than high school	262	269	267	270	271	268	267
Graduated high school	278	281	282	283	281	276	273
Post high school	299	301	300	300	299	299	297

[a] Persons of Hispanic origin may be of any race.

NOTE: Data on parents' level of education are not reliable for 9-year-olds.

The reading proficiency scale has a range from 0 to 500:

- Level 150: Simple, discrete reading tasks
- Level 200: Partial skills and understanding
- Level 250: Interrelates ideas and makes generalizations
- Level 300: Understands complicated information
- Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *1996 Trends in Academic Progress*.

Table ED4 High school completion: Percentage completing high school among 18- to 24-year-olds[a] by race, Hispanic origin, and method of completion, selected years 1980-97

Characteristic	1980	1985	1990	1991	1992	1993	1994[b]	1995[b]	1996[b]	1997[b]
Total[c]										
Total completing high school[d]	84	85	86	85	86	86	86	85	86	86
Method of completion										
Diploma	—	—	81	81	81	81	79	78	76	77
Equivalent[e]	—	—	5	4	5	5	7	8	10	9
White, non-Hispanic										
Total completing high school	88	88	90	89	91	90	91	90	92	91
Method of completion										
Diploma	—	—	85	85	86	86	84	83	81	81
Equivalent[e]	—	—	5	4	5	5	6	7	11	9
Black, non-Hispanic										
Total completing high school	75	81	83	83	82	82	83	85	83	82
Method of completion										
Diploma	—	—	78	77	76	76	75	75	73	72
Equivalent[e]	—	—	5	5	6	6	8	9	10	10
Hispanic[f]										
Total completing high school	57	67	59	57	62	64	62	63	62	67
Method of completion										
Diploma	—	—	55	53	57	58	54	54	55	59
Equivalent[e]	—	—	4	3	6	6	8	9	7	8

— = not available

[a] For those not currently enrolled in high school or below.

[b] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 census-based population controls in the estimation process.

[c] Percentages not shown separately for non-Hispanic Asians/Pacific Islanders and American Indians/Alaska Natives, but they are included in the total.

[d] This was measured as completing 4 years of high school in 1980-1991.

[e] Diploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) test.

[f] Persons of Hispanic origin may be of any race.

SOURCE: U.S. Bureau of the Census, October Current Population Survey (various years); Kaufman, P., Klein, S., and Frase, M. (1999). *Dropout rates in the United States: 1997*. U.S. Department of Education, National Center for Education Statistics.

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Table ED5 **Youth neither enrolled in school nor working: Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender, race, Hispanic origin, and age, selected years 1985-98**

Characteristic	1985	1990	1991	1992	1993	1994[a]	1995[a]	1996[a]	1997[a]	1998[a]
Total	11.2	10.0	10.5	10.1	9.5	9.6	9.3	9.3	8.8	8.1
Gender										
Male	9.2	8.1	8.5	8.2	7.8	8.1	7.9	7.9	7.9	7.5
Female	13.2	11.9	12.5	12.0	11.2	11.0	10.8	10.7	9.7	8.7
Race and Hispanic origin										
White	10.0	9.2	9.4	8.8	8.4	8.7	8.3	8.3	7.7	7.2[d]
Black	18.1	14.6	16.8	16.9	15.0	14.3	14.6	14.5	14.3	12.7[d]
Hispanic[b]	16.5	16.8	16.0	16.5	16.4	16.8	15.9	15.5	14.2	13.7[d]
Age group[c]										
Ages 16-17	—	—	—	—	—	—	4.3	4.2	4.2	3.8
Ages 18-19	—	—	—	—	—	—	14.6	14.7	13.5	12.5

— = not available

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 census-based population controls in the estimation process.

[b] Persons of Hispanic origin may be of any race.

[c] Results by age are not comparable to data from previously published tables.

[d] The percentages presented above for whites and blacks include Hispanics. In 1998, the percentage for non-Hispanic whites was 5.9 and for non-Hispanic blacks was 12.7.

NOTE: The figures represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December).

SOURCE: U.S. Bureau of Labor Statistics, Current Population Surveys.

Table ED6

Higher education: Percentage of high school graduates ages 25 to 29 attaining higher degrees by highest degree attained, race, and Hispanic origin, selected years 1980-98

Degree type, race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994[a]	1995[a]	1996[a]	1997[a]	1998[a]
Bachelor's degree or higher[b]											
Total	26	26	27	27	27	27	27	28	31	32	31
Race and Hispanic origin											
White, non-Hispanic	28	27	29	30	30	30	30	31	34	35	35
Black, non-Hispanic	15	14	16	13	14	16	16	18	17	16	18
Hispanic[c]	13	18	14	16	16	14	13	16	16	18	17
Associate degree											
Total	—	—	—	—	8	9	10	10	10	9	10
Race and Hispanic origin											
White, non-Hispanic	—	—	—	—	8	9	10	10	10	9	10
Black, non-Hispanic	—	—	—	—	8	6	8	8	8	7	8
Hispanic[c]	—	—	—	—	7	8	9	7	8	9	9

— = not available

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 census-based population controls in the estimation process.

[b] This was measured as completed 4 or more years of college, 1980-1991.

[c] Persons of Hispanic origin may be of any race.

NOTE: Analyses of the 1993 Baccalaureate and Beyond Longitudinal study indicated that about 10 percent of all persons attaining a bachelor's degree in that year had previously earned an associate degree. National Center for Education Statistics.

SOURCE: U.S. Bureau of the Census, March Current Population Surveys; U.S. Department of Education, National Center for Education Statistics, *The Condition of Education, 1998* and tabulations.

Table SPECIAL1 Percentage of children ages 5 to 17 who have difficulty performing everyday activities by family socioeconomic status, 1994

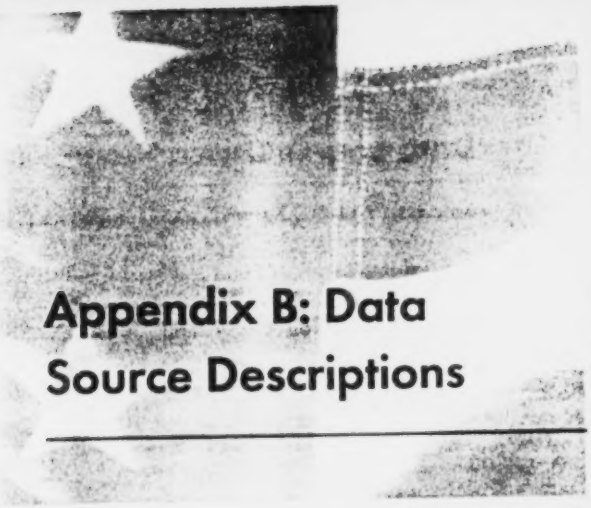
Characteristic	Total	Male	Female
Total: Difficulty with one or more activities[a]	12.3	15.7	8.7
Type of difficulty			
Learning	10.6	13.6	7.4
Communication	5.5	7.2	3.8
Mobility	1.3	1.6	1.1
Self-care	0.9	1.2	0.7
Percent with any difficulty			
Parental education[b]			
Less than high school	15.5	19.3	11.8
Graduated high school	14.2	18.2	9.9
Some college	10.3	13.3	7.2
Family structure			
Two parents	10.4	13.6	7.2
One parent	18.1	21.5	12.7
Poverty level			
Below poverty	18.1	22.6	13.3
At or above poverty	10.9	14.1	7.6

[a] Total percentage of children with difficulty performing everyday activities does not add to the sum of different categories (difficulty with learning, etc.) because some children fall into more than one category.

[b] Parental education is defined as the highest education of an adult in the family.

NOTE: While this table presents four measures of children's ability, it does not include every area where a child may experience difficulty. For example, it does not include all visual or hearing impairments. The measures included here are defined as follows: Difficulty with mobility includes difficulty getting around the home and use of special equipment for a period of 12 months or more or having a physical delay. Difficulty with self-care is defined as having difficulty for 12 months or more with bathing, dressing, eating, or toileting. Difficulty with communication represents children who have had difficulty for 12 months or more communicating with persons, family or nonfamily, difficulty understanding others, or who have a problem or delay in speech development. Difficulty in learning includes having significant problems at school understanding materials, paying attention in class, controlling behavior, or having a problem or delay in mental development, a problem or delay in emotional development, or a reported learning disability. This measure reflects a reconceptualization of children's limitations and difficulties, by capturing more detailed dimensions.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey on Disability.



Appendix B: Data Source Descriptions

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Data Source Descriptions

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Data Source Descriptions

American Housing Survey

This survey provides data necessary for evaluating progress made toward "a decent home and a suitable living environment for every American family," affirmed in the basic 1949 and 1968 legislation. The data come from a Census Bureau nationwide sample survey in odd-numbered years for national, regional, and metropolitan/non-metropolitan data, and from surveys in 47 metropolitan statistical areas over a multi-year cycle. These data detail the types, size, conditions, characteristics, housing costs and values, equipment, utilities, and dynamics of the housing inventory; they describe the demographic, financial, and mobility characteristics of the occupants; and give as well some information on neighborhood conditions.

Agency Contact:
Kathy Nelson
Department of Housing and Urban Development
Phone: (202) 708-1520

Continuing Survey of Food Intakes by Individuals

The Continuing Survey of Food Intakes by Individuals (CSFII) is designed to measure what Americans eat and drink. Uses of the survey include: monitoring the nutritional adequacy of American diets, measuring the impact of food fortification on nutrient intakes, developing dietary guidance and related programs, estimating exposure of population groups to food contaminants, evaluating the nutritional impact of food assistance programs, and assessing the need for agricultural products. The 1989-91 CSFII sample consisted of individuals residing in households and included oversampling of the low-income population. Individuals were asked to provide 3 consecutive days of dietary data. The 1994-96 CSFII also included individuals living in households and oversampling of the low-income population. In each of the 3 survey years, respondents were asked to provide, through in-person interviews, food intake data on 2 nonconsecutive days, with both days of intake collected by the 24-hour recall method. Intake data were provided by 3,937 children under 18 years of age in 1989-91 and 5,354 children in 1994-96.

For more information on CSFII 1989-91, see: Tippett, K.S., Mickle, S.J., Goldman, J.D., *et al.* (1995). *Food and nutrient intakes by individuals in the United States, 1 day, 1989-91.* U.S. Department of Agriculture, Agricultural Research Service, NFS Rep. No. 91-2.

For more information on CSFII 1994-96, see: Tippett, K.S., and Cypel, Y.S., (Eds.) (1998). *Design and operation: The Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey, 1994-96.* U.S. Department of Agriculture, Agricultural Research Service, NFS Rep. No. 96-1.

Agency Contact:
Alanna Moshfegh
USDA, Agricultural Research Service
Phone: (301) 734-8457

For information on Healthy Eating Index:
P. Peter Basiotis
USDA, Center for Nutrition Policy and Promotion
Phone: (202) 418-0243

Current Population Survey

Core Survey and Supplements. The Current Population Survey (CPS) is a nationwide sample survey of about 50,000 households conducted monthly for the Bureau of Labor Statistics by the Bureau of the Census. At present, there are 754 CPS sampling areas in the United States, with coverage in every State and the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the civilian noninstitutional population, 16 years old and older, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The March demographic supplement and the October school enrollment supplement provide information used to estimate the status and well-being of children. Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older. Data on years of school completed are derived from two questions on the March supplement to the CPS. The March and October supplements have been administered every year since 1947. The April food security supplement, introduced in 1995, is described in detail below.

In 1994, the questionnaire for the CPS was redesigned, and the computer-assisted personal interviewing (CAPI) method was implemented. In addition, the 1990 Census-based population controls, with adjustments for the estimated population undercount, were also introduced. For more information regarding the CPS, its sampling structure, and estimation methodology, see: Explanatory notes and estimates of error. *Employment and Earnings, 44* (1), 225-242. U.S. Department of Labor, Bureau of Labor Statistics. A

more comprehensive description of the CPS that will incorporate the revisions and methodological changes introduced in 1994 is currently in preparation.

Food Security Supplement. The food security supplement is a survey instrument developed through a long and rigorous process. The content of the supplement is based on material reported in prior research on hunger and food insecurity. It was subjected to extensive testing by the Bureau of the Census. It reflects the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference convened jointly by the National Center for Health Statistics and the Food and Nutrition Service of the Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists from the Census Bureau's Center for Survey Methods Research. The survey contains a systematic set of questions intended to identify levels of food insecurity on both a 12-month and a 30-day basis. Data presented in this report are 12-month data from the April 1995, September 1996, and April 1997 Food Security Supplements. Approximately 41,000 households completed the April 1997 CPS food security supplement survey. The respondents completing the supplement included households at all income levels, both above and below the Federal poverty threshold. Special final supplement sample weights were computed to adjust for the demographic characteristics of supplement non-interviews.

Agency Contacts:
For information on family structure:
Ken Bryson
Bureau of the Census
Phone: (301) 457-3606

For information on food security:
Dawn Aldridge
Food and Nutrition Service
Phone: (703) 305-2132

For information on secure parental employment, family income, and youth neither enrolled in school nor working:
David Johnson
Bureau of Labor Statistics
Phone: (202) 606-6579

For information on poverty and family income and access to health care:
Robert Bennefield
Bureau of the Census
Phone: (301) 457-3215

For information on higher education:
Tom Snyder
National Center for Education Statistics
Phone: (202) 219-1689

For information on difficulty speaking English:
Edie McArthur
National Center for Education Statistics
Phone: (202) 219-1442

For information on high school completion:
Chris Chapman
National Center for Education Statistics
Phone: (202) 219-4182

For information on early childhood education:
Kathryn Chandler
National Center for Education Statistics
Phone: (202) 219-1767

Monitoring the Future

The Monitoring the Future (MTF) Study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 1998 survey is the eighth to include comparable samples of eighth- and tenth-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant funded by the National Institute on Drug Abuse. The survey design consists of a multistage random sample where the stages include the selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 1998 survey included 15,780 high school seniors from 144 schools, 15,419 tenth-graders from 129 schools, and 18,667 eighth-graders from 149 schools (total of 49,866 students from 422 schools).

Agency Contact:
Kathy Etz
National Institute on Drug Abuse
Phone: (301) 443-1514

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation's children and youth. NAEP assesses students ages 9, 13, and 17 and students at various grade levels in reading and mathematics at least every 2 years, in science and writing at least every 4 years, and in history or geography and other subjects at least every 6 years. A variation of matrix sampling is used so that the results from a large number of items could be generalized to an entire population. Approximately 2,600 students respond to each block of items. Performance data are reported by scaled proficiency items.

NAEP has been designed to produce a representative sample at the national level. In each of the 1990-96 assessments, investigators collected data from a national probability sample of more than 45,000 students per age/grade or a total of about 146,000 students in nearly 2,100 schools. Performance data are reported for the Nation and for various subgroups categorized by variables such as region, gender, race/ethnicity, parental education, type of school, and type and size of community.

Agency Contact:
Arnold Goldstein
National Center for Education Statistics
Phone: (202) 219-1741

National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. Each year, researchers obtained data from a nationally representative sample of roughly 49,000 households comprising more than 100,000 persons 12 years of age and older on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey fully reports the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole, as well as for segments of the population such as adolescents over the age of 12, women, the elderly, members of various racial groups, city dwellers, or other groups. Victims are also asked about whether they reported the incident to the police and, in the instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The NCVS provides the largest national forum for victims to describe the impact of crime and the characteristics of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Agency Contact:
Michael Rand
Bureau of Justice Statistics
Phone: (202) 616-3494

National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the civilian non-institutionalized population in which data are collected by personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity by self-reporting or as reported by an informant. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year. During 1994, a special survey supplement to the NHIS was collected, called the National Health Interview Survey on Disability (NHIS-D). The NHIS-D collected data on various impairments, chronic health conditions, health care utilization, and limitations in activities of daily living.

The NHIS sample includes an over-sample of black and Hispanic persons and is designed to allow the development of national estimates of health conditions, health service utilization, and problems of the U.S. civilian non-institutionalized population. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1996, interviewers collected information for the basic questionnaire on 63,402 persons, including 18,128 children.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

- Massey, J.T., Moore, T.F., Parsons, V.L., and Tadros, W. (1989). Design and estimation for the National Health Interview Survey, 1985-1994. *Vital and Health Statistics, 2* (110). Hyattsville, MD: National Center for Health Statistics.
- Benson, V. and Marano, M. (1998). Current estimates from the National Health Interview Survey, 1995. *Vital and Health Statistics, 10* (199). Hyattsville, MD: National Center for Health Statistics.

Agency Contact:
For information on activity limitations and general health status:
Laura Montgomery
National Center for Health Statistics
Phone: (301) 436-3650

For information about the NHIS-D:
Gloria Simpson
National Center for Health Statistics
Phone: (301) 436-7100

National Household Education Survey

The National Household Education Survey (NHES) conducted by the National Center for Education Statistics collects detailed information about education issues through a household-based survey using telephone interviews. The sample for the NHES is drawn from the non-institutionalized civilian population in households having a telephone in the 50 States and the District of Columbia. In each survey, between 54,000 and 64,000 households are screened to identify persons eligible for one of the topical components. Generally, each collection covers two topical components, and researchers conduct between 10,000 and 15,000 interviews for each component. The data are weighted to permit estimates of the entire population. In addition, the NHES design samples minorities at a higher rate in order to increase the reliability of estimates for these groups.

The 1991 NHES contained a component on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, 3 to 8 years old. They interviewed parents of the children in order to collect information about the children's educational activities and the role of the family in the children's learning. In 1993, NCES fielded a school readiness component in which parents of approximately 11,000 children age 3 through second grade were asked about their children's experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded an early childhood program participation component, similar to that of 1991. It entailed screening approximately 44,000 households, and the interviewing of 14,000 parents of children from birth through third grade. In 1996, NCES fielded a parent and family involvement in education component, interviewing nearly 21,000 parents of children from age 3 through 12th grade.

Agency Contact:
Kathryn Chandler
National Center for Education Statistics
Phone: (202) 219-1767

National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among families with children 19 to 35 months of age. Estimates of vaccine-specific coverage are available for national, State, and 28 urban areas.

The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers' responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurately. Final estimates are adjusted for non-coverage of households without telephones.

Agency Contact:
Victor Coronado
Centers for Disease Control and Prevention
Phone: (404) 639-8392

National Linked File of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is first released as a period data file and then later released as a cohort file. In the birth cohort format, it comprises linked vital records for infants born in a given year who died in that year or the next year before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files avoids discrepancies in the reporting of race between the birth and infant death certificates. Although discrepancies are rare for white and black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. No linked file was produced for

1992 through 1994 data years. Match completeness for each of the birth cohort files is about 98 percent.

For more information, see: Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20* (24). Hyattsville, MD: National Center for Health Statistics. MacDorman, M.F. and Atkinson, J.O. Infant mortality statistics from the 1996 period linked birth/infant death data set. *Monthly Vital Statistics Report, 46* (12, Supplement). Hyattsville, MD: National Center for Health Statistics.

Agency Contact:
Marian MacDorman
National Center for Health Statistics
Phone: (301) 436-8954

National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births, deaths, marriages, and divorces in the United States. NCHS obtains information on births and deaths from the registration offices of all States, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on prenatal care, while funeral directors provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic origin. The number of States gathering information on births to parents of Hispanic origin has increased gradually since 1980-81, when 22 States included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 States and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent have become more complete over time. Based on data from the U.S. Bureau of the Census, 99.6 percent of the U.S. Hispanic population resides in areas that report deaths by Hispanic origin.

Preliminary data. A continuous receipt of statistical records by NCHS from the States' vital registration systems supplies preliminary data. Investigators weight individual records of births and deaths to independent counts of vital events registered in each State and reported to NCHS. These independent counts, aggregated for a 12-month period, serve as control totals, and are the basis for the individual unit record weights in the preliminary file. For selected variables, unknown or not-stated values are imputed. The percent not stated is generally 1 percent or less, except for prenatal care, which is 2.2 percent.

For more information on national natality and mortality data, see: National Center for Health Statistics. Technical Appendix. *Vital Statistics of the United States, I,* (Natality) (1992), DHHS Publication No. (PHS) 96-1100, and *II,* (Mortality), Part A (1996), DHHS Publication No. (PHS) 96-1101. Washington, DC: Public Health Service. Mortality information is also available online at http://www.cdc.gov/nchswww/about/major/dvs/mortdata.htm

Agency Contacts:
For information on births to unmarried women, low birthweight, infant mortality, and adolescent births:
Stephanie Ventura
National Center for Health Statistics
Phone: (301) 436-8954

For information on mortality:
Harry Rosenberg
National Center for Health Statistics
Phone: (301) 436-8884

For information on child mortality:
Donna Hoyert
National Center for Health Statistics
Phone: (301) 436-8884

For more information on adolescent mortality:
Lois Fingerhut
National Center for Health Statistics
Phone: (301) 436-7032

Population Estimates

Decennial census data serve as benchmarks for deriving national population estimates, which are also based on data from the following agencies: Births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and Federal employees abroad (Office of Personnel Management and Department of Defense). Similar data serve as the basis for State estimates, which are also derived from a variety of data series, including school statistics from State departments of education and parochial school systems. Current estimates are consistent with official decennial census figures and do not reflect estimated decennial census under-enumeration.

After decennial population censuses, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates. Intercensal population estimates are more accurate than postcensal estimates, because they take into account the census of population at the beginning and end of the decade. Intercensal estimates have been repaired for the 1960s, 1970s, and 1980s to correct the "error of closure": the difference between the estimated population at the end of the decade and the census count for that date. The error of closure at the national level was quite small during the 1960s (379,000). For the 1970s, however, it amounted to almost 5 million. In the 1980s the error of closure dropped to 1.5 million.

For more information, see: U.S. Bureau of the Census. (1992). U.S. population estimates by age, sex, race, and Hispanic origin: 1980-1991. *Current Population Reports*, (1095, Series P-25). Washington, DC: U.S. Bureau of the Census.

Agency Contact:
Greg Spencer
Bureau of the Census
Phone: (301) 457-2428

Population Projections

National population projections begin with recent population estimates by age, race, and Hispanic origin. These statistics are then projected forward to 2050, based on assumptions about fertility, mortality, and international migration. Low, middle, and high growth assumptions are made for each of these components. The current middle series assumptions are:

- Each race/ethnic group's fertility will remain constant at 1993-1994 levels.
- Each race/ethnic group's mortality will continue to change as it did in the 1980s.
- Each race/ethnic group's net international migration generally will continue at the same levels as that of the past decade.

For more information, see: U.S. Bureau of the Census. (1996). *Population projections of the United States by age, sex, race, and Hispanic origin*, (1130, Series P25). Washington, DC: U.S. Bureau of the Census.

Agency Contact:
Greg Spencer
Bureau of the Census
Phone: (301) 457-2428

Uniform Crime Reports

The FBI's Uniform Crime Reports (UCR) Program, which began in 1929, collects information on the following crimes reported to law enforcement authorities: homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson. Arrests are reported for 21 additional crime categories.

The UCR data are compiled from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized state agencies that then report to the FBI. In 1997, law enforcement agencies active in the UCR Program represented approximately 254 million United States inhabitants—95 percent of the total population. The UCR Program provides crime counts for the Nation as a whole, as well as for regions, States, counties, cities, and towns. This permits studies among neighboring jurisdictions and among those with similar populations and other common characteristics.

UCR findings for each calendar year are published in a preliminary release in the spring, followed by a detailed annual report, *Crime in the United States*, issued in the following calendar year. In addition to crime counts and trends, this report includes data on crimes cleared, persons arrested (age, sex, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, sex, and race of victims and offenders, victim-offender relationships, weapons used, and circumstances surrounding the homicides). Other special reports are also available from the UCR Program.

Agency Contact:
Uniform Crime Reports
Programs Support Section
Criminal Justice Information Services Division
Federal Bureau of Investigation
1000 Custer Hollow Road
Clarskburg, West Virginia 26306
http://www.fbi.gov/

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